

Tarrant County College
Emergency Medical Services Program

National Registry Paramedic / Intermediate Examination Site Registration Form

Test Date and Registration Level

Practical
 May 11, 2012

Level (chosed one)
 Paramedic
 Intermediate / I-85
 Intermediate / I-99

Candidate Information

Last Name _____ First Name _____ Middle Init _____
Social Security Number (for National Registry Roster) _____
Mailing Address _____
City _____ State _____ Zip _____
Primary Phone Number _____ Secondary Phone Number _____
E-mail Address _____ Fax Phone Number _____

Requested Examinations and Fees (chosed one - All fees are NON-REFUNDABLE)

- Complete Practical (\$150) If you will be doing the entire Practical exam, lunch will be provided
 One Skill Retest (\$25) for you. Please indicate any special dietary needs:
 Two Skill Retests (\$50) _____
 Three Skill Retests (\$75) Preferred Non-alcoholic Beverage _____

(Survey only - not a guarantee)

Method of Payment

Option 1: Credit Card (preferred)

Complete this form and return by fax to **(817)-515-6700**

If you trust the internet, you can email this form to nationalregistry.exam@tccd.edu

(Caution: This is NOT A SECURE CONNECTION, so use at your own risk)

Visa MasterCard _____
 American Express _____ Credit Card Number _____ Expiration Date _____
 Discover _____

Name as Printed on Card Signature (required if faxed or mailed)

Option 2: Sponsorship

We can bill fire departments and other governmental entities. All we need is:

Name of Department _____ Authorizing Person _____

Mailing Address _____ Phone Number _____

City _____ State _____ Zip _____

Option 3: Cashiers Check or Money Order (Personal Checks NOT Accepted)

Print this form: Mail completed form and cashiers check or money order to:

TCC - EMS Program
National Registry Examination
828 Harwood Road
Hurst, Texas 76054