

Respond To:

523 Dell Street
Bellefonte, PA 16823

713 Bridge St., Suite 18
Selinsgrove, PA 17870



Phone: (814) 355-1474
Fax: (814) 355-5149
Web: www.smemsc.org

NREMT Cognitive Testing Voucher Program

TO: Regional Agencies, Providers, Provider Candidates

FROM: Regional Education Coordinator

DATE: 5/4/2022

SUBJECT: National Registry Testing Voucher Program

The Council recognizes that the cost of initial certification keeps increasing. To assist in shouldering some of this burden, Seven Mountains EMS Council will continue providing a voucher for the first attempt at a NREMT cognitive exam for each certification level attempt.

To apply for this voucher, the student's affiliated agency will fill out a Voucher Request Form and submit it to Seven Mountains EMS Council via email at smemsc@smemsc.org. An NREMT voucher number will be forwarded to the candidate to use for the examination attempt.

To be eligible:

- student must have completed a Pennsylvania approved EMS Certification program or an approved non-department EMR course within the last 6 months. -or-
 - be attempting PHRN or PHPE certification.
- student must be an active member, or agree to become an active member, of an EMS Agency in the Seven Mountains EMS Council region.
- student must be testing for initial certification, at whatever level specified on the form, with the voucher being used for their initial attempt.

Notice:

- Voucher expires in one (1) year. Reimbursement for unused vouchers will become the responsibility of the requesting EMS agency or candidate.
- "Active" membership is defined as "meeting the requirements established by the requesting agency to maintain active status within their organization".
- Council reserves the right to modify and/or terminate this initiative as required by funding or policy. Current status is available on the Council Web site.

Any questions can be directed to the Regional Education Coordinator or emailed to smemsc@smemsc.org.

CENTRAL PENNSYLVANIA'S EMS COUNCIL

Revised 5/2022

Respond To:

523 Dell Street
Bellefonte, PA 16823

713 Bridge St., Suite 18
Selinsgrove, PA 17870



Phone: (814) 355-1474
Fax: (814) 355-5149
Web: www.smemsc.org

NREMT Voucher Request Form

-----COMPLETED BY EXAMINATION CANDIDATE-----

Candidate Name: _____ Date of Birth: _____

Type of Certification: EMR EMT AEMT Paramedic PHRN

Training Program Information (if applicable)

Course Number: _____ Completion Date: _____

Candidate's email: _____

-----COMPLETED BY REGIONAL EMS AGENCY-----

Requesting Organization: _____

Requesting Persons Name & Title: _____

By signing & submitting this form, the signatory verifies that the above-mentioned candidate is, or has agreed to become, an active member of the above-mentioned EMS agency and is eligible to receive a National Registry testing voucher through Seven Mountains EMS Council. It is also agreed that should the voucher be unused; the above-mentioned agency agrees to reimburse Council the cost of the unused voucher.

Signature: _____ Date: _____

Please Fax (as indicated above) or email this form to smemsc@smemsc.org

Office Use only:

Voucher Code: _____ Date Issued: _____

Council Rep: _____