

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: Board of Directors, S MEMSC

DATE: 10/19/23

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 National Registry of EMTs (NREMT) cognitive exam for each certification level attempt.

To apply for a voucher, the candidate will submit a completed Voucher Request Form to Seven Mountains EMS Council via email, at smemsc@smemsc.org, fax, or US mail as indicated above. Both the Examination Candidate & EMS Agency sections need to be complete. An NREMT voucher number will be forwarded to the candidate to use for the examination.

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-
- applying for 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 hasn't received a testing voucher for the identified level of training previously nor was a testing voucher included within the training institute's program costs.

Notice:

- Voucher must be used within 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 achieve/maintain active status within their organization".
- Council reserves the right to modify and/or terminate this initiative as required by funding or policy.

Any questions can be directed to the Regional EMS Program Specialist or emailed to smemsc@smemsc.org.

Revised 10/2023

CENTRAL PENNSYLVANIA'S EMS COUNCIL

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NREMT Voucher Request Form

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

Candidate Name: _____ Date of Birth: _____

Type of Certification: EMR EMT AEMT Paramedic Other: _____

Training Program Information (if applicable)

Course Number: _____ Completion Date: _____

Candidate's email: _____

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

Requesting Organization: _____

Requesting Persons Name & Title: _____

Requesting Person's Email: _____

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: _____