OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

TESTING SYSTEM EXAMINATION REQUEST

Please request examination **7 business days** prior to the exam date so we can process your request in a timely manner. You can fax your request to 614-466-9461, or e-mail form to srook@dps.state.oh.us.

All information **MUST** be included. Incomplete or late applications will **NOT** be processed.

TEST INFORMATION

SELECT ONLY ONE: ☐ INITIAL EXAM ☐ REINSTATEMENT EXAM

If requesting both initial and reinstatement testing, send in two separate forms.

ADA REQUEST: ☐ PAPER ☐ COMPUTERIZED

EXAM DATE	NUMBER OF STUDENTS TESTING

1st SESSION		2nd SESSION	
BEGIN TIME ☐ A.M. ☐ P.M.	END TIME ☐ A.M. ☐ P.M.	BEGIN TIME ☐ A.M. ☐ P.M.	END TIME ☐ A.M. ☐ P.M.

☐ VOLUNTEER FF	☐ FIREFIGHTER 1	☐ FIREFIGHTER 2	☐ ASST. FIRE INSTRUCTOR KNOWLEDGE LEVEL
☐ FIRE INSTRUCTOR KNOWLEDGE	☐ FIRE SAFETY INSPECTOR	☐ FIRE SAFETY INSPECTOR KNOWLEDGE	☐ PSI TECHNIQUES

TEST LOCATION

Person responsible for the set-up of the candidates/examination *(Only he/she will receive the e-mail with the test link and password)*

☐ PROCTOR ☐ PROGRAM DIRECTOR

** Person assigned to administer the exam shall **NOT** be a Fire Instructor/FSI Instructor at any level of fire training **

TRAINING INSTITUTION INFORMATION

SCHOOL	SCHOOL ID
PROGRAM DIRECTOR	
PROGRAM DIRECTOR E-MAIL	
TELEPHONE NUMBER	FAX NUMBER

PROCTOR INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
PROCTOR E-MAIL		
TELEPHONE NUMBER	FAX NUMBER	