Examination Request Form  
for  
First Responder National Registry

To: Gail Lambert  
Mississippi State Department of Health  
Division of Emergency Medical Services  
570 Woodrow Wilson  
Post Office Box 1700  
Jackson, MS 39215 - 1700

From:  

Address:  

City/State/Zip:  

Phone:  

Test Site:  

Dates Requested:  
1.  

2.  

3.  

Exam Time:  

Number of Applicants:  

Please submit three dates, not in the same week, nights and weekends are acceptable. Each applicant is required to submit a certificate of completion for a 40 hour First Responder Course or a twelve hour First Responder Refresher Course completed within the last two years. Applications, certificates and $20.00 examination fee will be collected on the day of examination. Money orders and business checks only, made payable to the Mississippi State Department of Health.