



APPLICATION FOR EXAMINATION INSTITUTION

State Form 52831 (1-14)

INDIANA DEPARTMENT OF HOMELAND SECURITY



- INSTRUCTIONS:**
1. *This application is for institutions who wish to be eligible to host written and/or practical state examinations.*
 2. *No institution will be able to host a written and/or practical examination unless they have been certified as an examination institution.*
 3. *Applications must be renewed every two (2) years.*

EXAMINATION INSTITUTION INFORMATION

Name of institution		
Address of institution (number and street, city, state, and ZIP code)		
Name of owner		
Telephone number ()	E-mail address of primary contact	
Type of examination institution <input type="checkbox"/> Written <input type="checkbox"/> Practical <input type="checkbox"/> Both	Type of application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	Date of renewal (month, day, year)

DEMOGRAPHIC INFORMATION

Name of examination institution official (must be a primary instructor)		
Public Safety Identification number (PSID)	Telephone number ()	E-mail address
Name of medical director		
Public Safety Identification number (PSID)	Telephone number ()	E-mail address
Name of practical examination coordinator		
Public Safety Identification number (PSID)	Telephone number ()	E-mail address

EXAMINATION INSTITUTION REQUIREMENTS

Submit in narrative form how your examination institution meets the following requirements. Return narrative with this application or the application will be returned as incomplete.

- ☐ A. Manual reviewed with Examination Institution Official (*This item to be marked by IDHS staff only.*)
- ☐ B. Evidence of access to sufficient amount of equipment
- ☐ C. Procedures for evaluation of all affiliated evaluators / instructors
- ☐ D. Verify access to a testing site that satisfies the requirements listed in the Indiana EMS Training Manual
- ☐ E. Proof of liability insurance

By signing below, I attest that this Examination Institution will follow the procedures and has met the site requirements as outlined in the Indiana EMS Training Manual including compliance with the Americans with Disabilities Act. Failure to comply with these policies will result in the revocation of my ability to host Indiana State EMS Examinations.

Signature of examination institution official	Date (month, day, year)
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