



**EMERGENCY MEDICAL SERVICES (EMS)
PSYCHOMOTOR SKILLS RESERVATION**

State Form 54508 (R5 / 3-15)



- INSTRUCTIONS:**
1. This form should be used when scheduling any EMT practical examination.
 2. Please type or print clearly all information. Incomplete forms will be returned to applicant.
 3. Completed reservation must be submitted no less than thirty (30) days prior to examination date.
 4. Submit to certcourseapps@dhs.in.gov or mail to Indiana Department of Homeland Security, EMS Certifications, 302 West Washington Street, Room E239, Indianapolis, IN 46204.

RESERVATION INFORMATION		
Type of reservation (<i>check one</i>)		
<input type="checkbox"/> Open examination – accepting additional students <input type="checkbox"/> Closed examination – we have fifteen plus (15+) students		
Name of exam institution		Number of students (<i>must have at least ten (10).</i>)
Name of exam institution official		
E-mail address of exam institution official		Telephone number of official / coordinator ()
Name of primary instructor		
E-mail address of primary instructor	Telephone number of primary instructor ()	Alternate telephone number ()
Date of psychomotor exam (<i>month, day, year</i>)	Start time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Name of psychomotor exam facility	Address 1 of psychomotor exam facilities (<i>number and street</i>)	
Address 2		County
City	State	ZIP code
Name primary point of contact		E-mail address
Address (<i>number and street</i>)		
City	State	ZIP code

FOR OFFICE USE ONLY		
Representative	Date approved (<i>month, day, year</i>)	Shipped