



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

MICHIGAN EMS IC EXAM RESERVATION FORM

Name: _____

S.S. #: _____

Daytime phone: _____

Address: _____

Email: _____

Michigan EMS IC candidates **Mail or fax form to:**

Michigan Department of Community Health
EMS and Trauma Systems Section
201 Townsend Street
Lansing, Michigan 48913
Fax# 517/241-9458

Do not send anything to the National Registry office – this will only cause delays.

Program Sponsor: _____

Course Completion Date _____

Exam attempt:

_____ Initial

_____ Retest (date of initial test _____)

Confirmation will be sent when exam is confirmed

Exam date/time: (please list 3 choices)*

EXAM DATES: www.michigan.gov/ems

1st choice (date): _____

9:00 AM 2:00 PM

2nd choice (date): _____

9:00 AM 2:00 PM

3rd choice (date): _____

9:00 AM 2:00 PM

Other: _____

Available Examination Dates:

January 20, 2009

June 16, 2009

November 17, 2009

February 17, 2009

July 21, 2009

December 15, 2009

March 17, 2009

August 18, 2009

January 19, 2010

April 21, 2009

September 15, 2009

February 16, 2010

May 19, 2009

October 20, 2009

March 16, 2010

Exams will be held in Conference Room A, Capitol View Building, Michigan Department of Community Health, 201 Townsend Street, Lansing, Michigan 48913. Form must be received prior to the first day of the month of the exam date selected. You will receive confirmation of your assigned exam date. **Do not attend exam without confirmation letter.**