NQEMT Course Notification



Name of Training Institution:		
Course Title & Reference No:		
Date of Course Commencement:		
Course Duration:		
Number of Students:		
Level: EMT		
Parame	edic	
	1 - MCQ and Primary Skills 2 - SWA and Secondary Skills	
Advanced Paramedic		
Dist	ance Learning - MCQ and SWA	
Clin	ical Practice - MCQ and SWA	
Pan	el Exam	
Proposed Examination Dates:		
(to be agreed with PHECC, min 20 candidates. Please include all dates on the NQEMT Exam calendar)		
Course Director Details:		
Nam	ne:	
Ema	ail:	
Tell	No:	
Course Administrator Details:		
Nan	ne:	
Ema	ail:	
Tel I	No:	