



NQEMT EXAMINATION APPLICATION FORM

Reference No: _____ (For official use)
 Date received: ____/____/____ fee received: _____ received by: _____

Before any application can be considered the Pre-Hospital Emergency Care Council must receive the following:

1. This form completed in full (a photo must be included)
2. Non-refundable examination fee of €100 (paypal/cheque/)
3. Exam application forms should be signed off/stamped and submitted through your Training Institution
4. All forms must be submitted no later than 28 days prior to the exam date
5. Exam places will be assigned on a first come first serve basis
6. A valid email address (this address will be used for issuing of results etc.)



Surname: (Block Capitals)

Forename (in full):

Title:

Previous exam number (if any) _____

Address:

Tel No:..... (Mobile)

.....

Tel No:..... (Work)

.....

Tel No:..... (Home)

Date of Birth: ____/____/____

Email:

Gender: Male Female

Examination Date: ____/____/____

| EXAM TO BE UNDERTAKEN (please indicate below the exam level) | REPEAT EXAMINATION (for repeat candidates; please indicate below the exam level and section required) | |
|--|---|-------------------------------|
| EMT <input type="checkbox"/> | EMT MCQ <input type="checkbox"/> | OSCE <input type="checkbox"/> |
| Paramedic Part 1 <input type="checkbox"/> | Part 1 MCQ <input type="checkbox"/> | OSCE <input type="checkbox"/> |
| Paramedic Part 2 <input type="checkbox"/> | Part 2 SWA <input type="checkbox"/> | OSCE <input type="checkbox"/> |

I verify that the above information is correct. I have read the examination rules and I am committed to abiding by the examination terms and conditions as per the PHECC NQEMT Examination Handbook.

Candidate's signature:..... Date: ____/____/____

TRAINING INSTITUTION CERTIFICATE:

(To be completed by a PHECC Recognised Training Institution)

I confirm that this candidate is undertaking training at the level appropriate to the examination indicated above and will have successfully completed all elements of the course prior to sitting the examination.

Course Directors Signature: _____

Date: ____/____/____ Course Number: _____

Completion Date: ____/____/____

