NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Students Ineligible To Take The State Certifying Examination

FOR OFFICE USE ONLY				COURSE NUMBER	EXAM DATE
EMT/SET COMPLETED ☐	DATE	INITIAL			

PRINT THE STUDENT'S NAME AND THE CODE CORRESPONDING TO THE REASON FOR FAILURE OR INCOMPLETION OF THE COURSE.

This sheet is to be completed **in addition** to the final class list that is submitted at the end of the course. This list and the class list should agree completely.

PRINT in alphabetical order.

CODES: **1 - Missed Sessions**   **2 - Failed Practical**   **3 - Withdrew**   **4 - Failed Course**

1 - Missed Session - Student missed class sessions or didn't take Practical Skills Exam.
2 - Failed Practical - (Self explanatory)
3 - Withdrew - Student dropped out of course before Practical Skills Exam.
4 - Failed Course - Student didn't meet or complete academic, attendance or other course requirements prior to the Practical Skills Exam.
Please Note: Students otherwise eligible but unable to attend the State Written Exam, should not be listed on this form. Please return unused Student Examination Ticket. Student may still be eligible to reschedule a missed examination date.

	LAST	FIRST	CODE		LAST	FIRST	CODE
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

Use the area below to show any student inaccuracies that appeared on the class list (name, address, date of birth).

ID#	CORRECTED NAME	CORRECTED ADDRESS	CORRECTED DATE OF BIRTH

I certify this document to be a true and complete listing of all the students who will not be admitted to the state examination.
I understand that it is my responsibility to complete and sign this document.

_____
Instructor/Coordinator Signature   Date

Give this document to the Proctor along with the class list, practical skills-summary sheet and student examination tickets for those students who are **ineligible** to take the state examination. The proctor will forward these documents to the EMS central office.

Use the area below to show any student inaccuracies that appeared on the class list (name, address, date of birth).

ID#	CORRECTED NAME	CORRECTED ADDRESS	CORRECTED DATE OF BIRTH