



Medical College of Georgia  
Dept. of Emergency Medicine  
EMS Section  
CCEMTP-P Retest Request



Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail address \_\_\_\_\_

Original CCEMTP-P Course Date & Location \_\_\_\_\_

In order to retest, you must mail or fax copies of current certifications, to include:

- AHA ACLS (or equivalent)
- AHA CPR Provider (or equivalent)
- BTLS, PHTLS or TNCC (or equivalent)
- PALS, PEPP or PLS (NALS is not accepted)
- State Paramedic certification or NREMT-P (if applicable)
- RT, RN or MD license (if applicable)

Please print & mail or fax this and copies of the aforementioned certifications, along with a check or money order in the amount of \$35 to:

Richard Kalasky BS, NREMT-P, CCEMTP  
CCEMTP-P Coordinator  
Medical College of Georgia  
AF-2037  
1120 15<sup>th</sup> St.  
Augusta, GA 30912

Phone: 706-721-3365

Fax: 706-721-6884

Notice: Retest fee is non refundable.

Signature \_\_\_\_\_