



**VOUCHER ORDER FORM**

Vouchers are certificates individuals can use to pay for future NREMT CBT examinations or recertification fees. Vouchers can be purchased by credit card online at NREMT.org and disbursed electronically or purchased by check or money order with this form.

**PLEASE NOTE:**

- Each voucher number is unique and can only be used one time.
- All vouchers are pre-paid.
- Vouchers are non-refundable and non-returnable.
- Vouchers expire 12 months from the date they are issued.
- Voucher expiration dates cannot be extended.
- The total purchase amount cannot exceed \$10,000.00.

**VOUCHER SECURITY**  
NREMT vouchers should be treated as cash. If purchasing more than one voucher, we recommend you make note of the vouchers you receive and their issuance. **The NREMT is unable to replace lost or stolen vouchers.**

**MAIL COMPLETED FORMS TO: National Registry of EMTs, P.O. Box 29233, Columbus, OH 43229**

**VOUCHERS WILL BE DELIVERED TO THE ADDRESS OR EMAIL ADDRESS PROVIDED BELOW.**

Contact Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**INDICATE DESIRED QUANTITY OF EACH VOUCHER AND TOTAL PAYMENT AMOUNT BELOW.**

<b>CERTIFICATION</b>		
EMR	<b>\$ 75</b>	Qt: _____
EMT	<b>\$ 80</b>	Qt: _____
AEMT	<b>\$ 115</b>	Qt: _____
EMT-Intermediate/99	<b>\$ 125</b>	Qt: _____
Paramedic	<b>\$ 125</b>	Qt: _____

<b>RECERTIFICATION</b>		
EMR recertification	<b>\$ 10</b>	Qt: _____
EMT recertification	<b>\$ 15</b>	Qt: _____
EMT-Intermediate/85 recertification	<b>\$ 15</b>	Qt: _____

AEMT recertification	<b>\$ 15</b>	Qt: _____
EMT-Intermediate/99 recertification	<b>\$ 15</b>	Qt: _____
Paramedic recertification	<b>\$ 20</b>	Qt: _____

<b>MISC</b>		
AEMT transition (for current I-85s only)	<b>\$ 70</b>	Qt: _____
Recertification paper processing fee	<b>\$ 5</b>	Qt: _____
Add \$20 for hard copy delivery (if applicable):		_____

**Total amount enclosed:** \_\_\_\_\_

**Make checks or money orders payable to:**  
National Registry of EMTs, P.O. Box 29233, Columbus, OH 43229

**PLEASE CHOOSE A DELIVERY METHOD. SELECT ONLY ONE. ADDITIONAL FEES MAY APPLY.**

- Send a tab-delimited text file with the voucher numbers to the above email address.**
- Mail a hard copy of the voucher numbers to the above address.**  
 I understand that there is an additional \$20 fee incurred by selecting this delivery method, and my attached check or money order covers this cost.