



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

11/2004  
300-29

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**DISCREPANCY REPORT FORM**  
**ADVANCED EMERGENCY MEDICAL TECHNICIAN**

Complete the Discrepancy Report Form ONLY if you did not receive proper credit or if there is a problem with your Continuing Education record. We must receive this form in order to research your problem. Enter the information on the screen, save it to your computer, and email it to [recert@dph.state.ma.us](mailto:recert@dph.state.ma.us). Or mail the completed form to:

Dept. of Public Health, Office of Emergency Medical Services, 2 Boylston St., 3<sup>rd</sup> Floor, Boston, MA 02116.

EMT NUMBER		PLEASE PRINT CLEARLY			
FIRST NAME (space) MIDDLE INITIAL (space) LAST NAME					
MAILING ADDRESS or PO BOX				CITY	
STATE	ZIP (5 or 9 digits)	BIRTH DATE	SOCIAL SECURITY #	DAYTIME PHONE	EMAIL ADDRESS

THE PROGRAMS LISTED BELOW <u>DO NOT</u> APPEAR ON MY PRINTOUT					
Start Date	End Date	OEMS #	Program Title	Sponsor	Location