



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES**

11/2004
200-29

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**DISCREPANCY REPORT FORM
BASIC 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. Or mail the completed form to:

Dept. of Public Health, Office of Emergency Medical Services, 2 Boylston St., 3rd 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