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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02847 (07/2021) | **STATE OF WISCONSIN**Office of Preparedness and Emergency Health CareWisconsin Technical College System |
| **NREMT EXAMINATION SCHEDULE** |
| **TIME** | **STATION** | **CANDIDATE NAME** | **LAST** **NAME** Station Evaluator/Professional/Partner/Patient |
| 0800-0930 | 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 0930-1100 | 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 1100-1230 | 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 1230-1400 | 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 1400-1530 | 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 1530-1700 | 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |