



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

8/2011  
300-29

**DISCREPANCY REPORT FORM  
ADVANCED EMERGENCY MEDICAL TECHNICIAN**

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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. If you are requesting Special Credit for a course without an OEMS approval number, you must include a copy of course completion certificate, grade report, transcript, copy of roster(s) or other proof of completion document(s) and a copy of the course outline, syllabus, catalog description, or other listing of course content and length. Rules regarding Special Credit are available on our website: [www.mass.gov/dph/oems](http://www.mass.gov/dph/oems).

Enter the information on the screen, save it to your computer, and e-mail 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, 99 Chauncy St., 11<sup>th</sup> Floor, Boston, MA 02111.**

EMT NUMBER		<b>PLEASE PRINT CLEARLY</b>	
FIRST NAME (space) MIDDLE INITIAL (space) LAST NAME			
MAILING ADDRESS or PO BOX			CITY
STATE	ZIP (5 or 9 digits)	DAYTIME PHONE	EMAIL ADDRESS

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