



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

8/11  
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. If you are seeking special credit for a course without an OEMS 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 and Teaching Credit are available from 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 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, 99 Chauncy St., 11<sup>th</sup> Floor, Boston, MA 02111.**

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

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