

ANSWER SHEET

2017 Regional Patient Care Protocol Exam
Southern Tier Regional Emergency Medical Services

Name _____ Phone # _____

Email _____

Agency _____ Provider # _____

Submit the completed Protocol Exam answer sheet by email to education@emstar.org or mail to
Protocol Exam
1058 W. Church Street
Elmira, NY 14905

BE SURE YOU HAVE ACCESS TO THE EMAIL ADDRESS THAT YOU Provided. You will be sent an email within 24 hours with your exam results.

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|----------|----------|----------|
| 1. ____ | 21. ____ | 41. ____ |
| 2. ____ | 22. ____ | 42. ____ |
| 3. ____ | 23. ____ | 43. ____ |
| 4. ____ | 24. ____ | 44. ____ |
| 5. ____ | 25. ____ | 45. ____ |
| 6. ____ | 26. ____ | 46. ____ |
| 7. ____ | 27. ____ | 47. ____ |
| 8. ____ | 28. ____ | 48. ____ |
| 9. ____ | 29. ____ | 49. ____ |
| 10. ____ | 30. ____ | 50. ____ |
| 11. ____ | 31. ____ | |
| 12. ____ | 32. ____ | |
| 13. ____ | 33. ____ | |
| 14. ____ | 34. ____ | |
| 15. ____ | 35. ____ | |
| 16. ____ | 36. ____ | |
| 17. ____ | 37. ____ | |
| 18. ____ | 38. ____ | |
| 19. ____ | 39. ____ | |
| 20. ____ | 40. ____ | |