



911 PUBLIC SAFETY TELECOMMUNICATOR EXAM APPLICATION

DO NOT SEND EXAM FEES WITH THIS APPLICATION.

All sections are required to be completed. Omission of any section or item will delay processing and approval. Applications must be processed and approved prior to registering for an exam.

Part I: Applicant Information

Initial Test **Retest: Attempt #:** _____ **Date of Last Test** _____

Last Name First Name Middle Initial Date of Birth

Mailing Address City State Zip Code

Phone Number Email Address *All correspondence **to include exam scores,** will be sent to the email address provided.

Part II: Testing Qualifications: Choose one of the following options:

I have completed a department approved 911 PST training program as defined in Chapter 401.465(1)(c), Florida Statutes. **I have attached a copy of the certificate of completion received from the training program. Omission of the certificate of completion will delay approval for testing.**

I was employed as a **PST** or **State Certified Firefighter** prior to April 1, 2012

Full legal name of employing agency: _____

Employer Representative Full Name and Title

Mailing Address City State Zip

Employer Representative has been authorized by Employer to make the following statement:

_____ was employed before April 1, 2012, in the following position:

911 public safety telecommunicator

State certified firefighter

Employer Representative Signature: _____ **Date:** _____

Applicant's Name During Employment (if different): _____

Part III: Public Records exemption

Your responses in filling out this form are a public record. That means that any one can request a copy of your completed form. However we will not supply your home address, telephone number, photograph, and place of employment if you are an active or former sworn or civilian member of law enforcement, a firefighter certified in compliance § 633.35, or the spouse or child thereof. There are similar exemptions for others. **However we will not know you have an exemption unless you tell us.** If you have questions about this, please review Chapter 119, Florida Statutes., and, in particular, §119.071(4), F.S. Additional information, including answers to frequently asked questions, may be obtained through the Office of the Attorney General on the State of Florida's website, <http://myfloridalegal.com>. Click on "open government" that will get you to an abridged version of the "Government in the Sunshine Manual". For general information on this subject, the Attorney General's telephone number is (850) 245-0157.

- Not applicable
- I am active or former sworn or civilian law enforcement personnel
- I am a firefighter certified in compliance with § 633.35
- I qualify under another exemption from the Public Records laws. **You must identify the exemption and your basis for qualification for the exemption:**

Part V: Additional Information / Applicant Signature

- I am not currently employed as a 911 PST
- I am currently employed as a 911 PST at _____.
 - I authorize my employer to inquire and receive information about my exam scores.
 - I do NOT authorize my employer to inquire and receive information about my exam scores.

I _____ am the person referred to in this application. All statements contained herein and in any attachments hereto are true, correct and complete.

Applicant Signature: _____ **Date:** _____

DO NOT send exam fees with this application. Exam fees are to be paid at the time of registration.

Exam scores will be sent to the email address provided in Part I. Exam scores **CANNOT** be given out over the telephone.

Contact Information:

Florida DOH / 911 PST Program
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399

Phone: 850.245.4440
Email: EMS.Operations@flhealth.gov
Website: www.floridahealth.gov



THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH YOUR APPLICATION

Florida Department of Health
911 Public Safety Telecommunicator Application

Name: _____
Last First Middle

Social Security Number: _____

*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666(a)(13).