

**PROTECTIVE SERVICES DEPARTMENT  
Emergency Medical Technician Training**

**PATIENT AGREEMENT**

Date: \_\_\_\_\_

Dear \_\_\_\_\_ *(Insert Your Name Here)*

Thank you for agreeing to act as a patient for the National Registry Exam for Emergency  
Medical Technicians (EMT's), which is to be held on \_\_\_\_\_ *(date)*.

We have agreed to pay you \$10.00 per hour for your services.

Sincerely,

Vincent J. Vitale  
Associate Dean  
Protective Services/EMS

VJV/mb

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Patient Signature

\$10.00 per hour x \_\_\_\_\_ (# hours) = \_\_\_\_\_ (Total Payment)

OK to Pay: \_\_\_\_\_  
*Vincent J. Vitale*

Req. No. \_\_\_\_\_ PO No. \_\_\_\_\_ Date Paid \_\_\_\_\_