Retest Policy

- Students are allowed up to **two (2) retests** within **12 months** of their original exam date.
- After two unsuccessful attempts or beyond 12 months, students must **retake the entire course**.

Retest Fee

- **$75 per retest**.
- Make checks or money orders payable to **"UMBC"** and mail to:

> **Department of EDHS / PACE**
> UMBC –Sherman Hall A wing
> 1000 Hilltop Circle
> Baltimore, MD 21250

Scheduling a Retest

- Students are encouraged to retest within **one month** of the original exam.
- Visit our websites for upcoming test dates and locations:
    - CCEMTP: https://edhspace.umbc.edu/ccemtp-upcoming-course/
    - PNCCT: https://edhspace.umbc.edu/pncct-upcoming-course/

Retesting at Another Course Site

- **It is the student's responsibility** to contact the course coordinator at the site where they wish to retest.
    - Confirm space availability and whether the site charges an additional fee.
- Once approved by the course coordinator, ehspace@umbc.edu at least **10 days before the exam** to request that a retest packet be sent to the site:
    - Phone: 410-455-3584
- Reconfirm the **time and location** of the exam with the site coordinator **one day prior** to the test.

Other Retesting Options

- Students may arrange to retest at **UMBC** between, Tuesday-Thursday 0930-1330, excluding UMBC holidays.
- Students may also retest at a **conference** where UMBC is participating (e.g., CCTMC, AMTC, ITLS). Contact ehspace@umbc.edu for available dates.

Missing Prerequisites

- If you are missing a required prerequisite (e.g., certification card), you may still take the exam.
- Your **exam results and certificate packet** will be withheld until the missing documentation is submitted.

DEPARTMENT OF EMERGENCY
AND DISASTER HEALTH SYSTEMS

UMBC

Professional and Continuing Education

CCEMTP
CRITICAL CARE TRANSPORT

PNCCT
PEDIATRIC & NEONATAL
CRITICAL CARE TRANSPORT

- RETEST FEE: $75.00 PER RETEST – ONLY 2 RETESTS ARE PERMITTED.
- This form must be received at least 10 days prior to requested test date.
  Checks or money orders must be made payable to "UMBC" and mailed to:

Department of EDHS / PACE
UMBC –Sherman Hall A wing
1000 Hilltop Circle
Baltimore, MD 21250

Name:
Address:
City, State, Zip:
Phone:
Email:

Student number (if known):	Date & Location of Original course:

- **I would like to retest CCEMTP or PNCCT (circle one)**

Course Location:	Test Date:		
Enclosed is my check in the amount of >>			$75.00
Credit card processing charge (add to balance above)	$ 5.00		$ 5.00
Please charge my **VISA MasterCard** (please circle one) >>>>>>>>>>>>>>>>>>>>>>>>			
Card Number:		V-code (last 3 digits on back of card:	
Name as it appears on Card:		Expiration Date:	
Signature:			