

EMT-Basic Training Program
Course Application

Name _____
Last First MI

Address _____
Street City State Zip

Date of Birth _____

Telephone _____
Home Work Cell

1 Do you have a valid Drivers License? _____
*if no, please explain _____

2 Expiration date of CPR card _____
*Please attch copy

3 Are you currently affiliated with any emergency service? YES NO

4 Have you received any previous training in the EMS field? YES NO
*if yes, please explain _____

5 Please list highest level of education _____

6 Please write, in your own words, why you would like to apply for this program

7 Please list two references that are not family
Name _____ Phone _____
Name _____ Phone _____

I give my permission for the instructor / sponsoring institution to contact the above listed references and verify that all information provided is true.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Drivers Lic _____	CPR Card _____	2 TB _____
Shot Rec _____	2 MMR _____	Chicken Pox _____