

EMERGENCY MEDICAL TECHNICIAN PROGRAM COURSE APPLICATION

(Please print in INK)

PERSONAL DATA				
Name:	Last	First	Middle	Phone
Street Address			City	State
E-Mail Address:				

Optional:	Drivers License number _____	Date of Birth _____
Age _____	Sex _____ M _____ F _____	Marital Status _____
CPR Certification Expiration Date _____		
List Other Medical Certification/ Licenses _____		

Name of Sponsoring EMS Provider: (If Applicable)	Name
	Address

HEALTH

State of Health: Excellent Good Fair Poor

List Specific Problems:

SCHOLASTIC BACKGROUND	
High School Attended	City State
UNIVERSITIES OR COLLEGES ATTENDED	DEGREE(S) RECEIVED OR EXPECTED AND DATES

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Grade point average _____ out of _____ as of (Date _____)

List courses to be completed before graduation (if applicable) _____

WORK EXPERIENCE

(List work experiences you have has. Use another sheet, if necessary.)

Organization 1	Dates Held
Address	
Position Held _____	Supervisor

Responsibilities	

Organization 2	Dates Held
Address	
Position Held	Supervisor
Responsibilities	

Organization 3	Dates Held
Address	
Position Held	Supervisor
Responsibilities	

Organization 4	Dates Held
Address	
Position Held	Supervisor
Responsibilities	

REFERENCES

List the Names, Titles, and Addresses of the three persons you have asked to submit a recommendation form in your behalf.
Select references who are in a position to comment competently on you probability of success in the program.

Name		Title	
Street Address	City	State	Zip

Name		Title	
Street Address	City	State	Zip

Name		Title	
Street Address	City	State	Zip

SUMMARY

Please give a short summary of your reasons for wanting to be enrolled in the Emergency Medical Technician Program.
(attach additional sheet(s) paper)

Have you ever been convicted of a felony under state or federal law?

YES

NO

Conviction	County/State	Dates
Conviction	County/State	Dates

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Conviction	County/State	Dates
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NOTE: Conviction means you were found guilty by a judge, jury, "no contest", or guilty plea in court
 A conviction may of taken place even if you did not pay a fine or spend any time in a jail or prison.
 A conviction will NOT automatically disqualify you from enrollment. Hendricks Regional Health policy
 will determine which convictions disqualify you from enrollment. Any misrepresentation **WILL**
 disqualify you from enrollment

Do you have an addiction to or dependence upon alcohol, barbiturates, amphetamines, hallucinogens, or other drugs?

YES

NO

I do hereby certify that:

1. I am the applicant named and that I am requesting admission to the Hendricks Regional Health EMT Education Program
2. I have read and understand the program prerequisites and do hereby meet those prerequisites unless exceptions have been identified above.
3. I do not have any medical condition (other than listed on my physical examination form) that requires continuous treatment. In addition, I am not aware of any medical condition (physical or mental) that would affect my performance as a student or a paramedic.
4. I understand that my application will not be complete until letters of recommendation have been received, and I have completed any and all necessary entrance examinations.
5. I understand that entrance into the program does not guarantee successful completion of the program.
6. I understand that completion of this education program will not authorize or grant me any right to perform those advance life support activities in which I will be trained.
7. I have read all of the above statements and do declar these statements to be true to the best of my knowledge
8. I understand that if I am accepted into the EMT Program, Hendricks Regional Health will not be held responsible for any injury to myself or damage to my property which I may incur in connection with my participation in the program, unless such injury or damage is caused by the negligence of Hendricks Regional Health, it's employees, or its agents.
9. I understand that all statements made in this application are accurate and complete, and are subject to verification
 Should falsification of this document be demonstrated, I may be denied admission; or, if I have begun training, I will be subject to immediate expulsion without refund of tuition and/ or fees paid.

Signature of Applicant	Date
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