Region IX
PARAMEDIC TRAINING COURSE APPLICATION

Site applying for:_____

PLEASE TYPE OR PRINT LEGIBILY

STUDENT INFORMATION

Name:		Home Phone #:
Address:	Apt:	Date of Birth:
City:		Social Security #:
State:	Zip Code:	County:
Employer:		
Address:		Phone:
Current Occupation:		Scheduled Hours:

EDUCATION

Note: Official high school or college diploma/transcripts must be sent to EMS office prior to start of class

High School Education School Attended: Address	Year Graduated:
Undergraduate Education College Attended: Address	Years Completed: 1 2 3 4 Degree Earned: Date:
Graduate Education College Attended: Address	Years Completed: 1 2 3 4 Degree Earned: Date:
Other Education School Attended: Address:	Diploma/Certification earned: Date:

EMT-B / EMT-I INFORMATION

Note: Copy of Current EMT-B/I license must be included with application

Training Site: Date Completed:

EMT Employer:

Address:

Type of Provider: ☐ Private ☐ Municipal ☐ Volunteer

Your Status: ☐ Full-time ☐ Paid on call ☐ Volunteer

Date of Hire/Active EMT-B/I Service: From: To:

Other/Comments:_____

Licensing Action and Felony Statement

☐ Yes ☐ No	Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?	***If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case***
☐ Yes ☐ No	Have you ever been convicted of a felony?	

Field Experience Agreement

Complete this side if you will be riding with a department where you are an employee/member	**Complete this side if you will be riding with a department where you are NOT an employee/member**
Employer Agreement: I hereby affirm and declare that the applicant is currently employed as an EMT-B/EMT-I and is in good standing with this department. I agree to participate in the training of the applicant, provide opportunity for supervised field experience, assure completion of blood borne pathogen training, and provide opportunity for Hepatitis B immunization. I understand that false statements may be considered sufficient cause for removal of the applicant from the training course. _____ Signature of Employer Title _____ Agency Date	Non-Employer Agreement I hereby confirm that the applicant is not employed by this agency/department. However, I agree to provide opportunity for supervised field experience to the applicant during his/her paramedic training and assure completion of blood borne pathogen training. This agreement in no way constitutes an employer/employee relationship. _____ Signature of Agency Representative Title _____ Agency Date

OUT-OF-SYSTEM COURSE AGREEMENT

Note: This section must be completed <u>ONLY</u> when student is attending an out-of-system course

To be completed by student:

Primary System:_____

Reason for not attending primary system course:_____

_____

To be completed by Primary EMS System Coordinator:

I hereby confirm that _____ is a member of_____
(Name of applicant) (Name of Ambulance Agency/Fire Dept.)

and is a participant in the _____EMS System. I am aware that _____
(Name of applicant)

is applying for acceptance into the _____Paramedic Training Program. I approve of this application and agree to permit this student to obtain his/her field internship requirements riding in this system meeting the requirements set forth by the _____Paramedic Training Program.

_____

Signature of EMS System Coordinator Date

APPLICANT AGREEMENT

Have you ever applied for a paramedic training course before? ☐ Yes ☐ No

If yes, Site:_____Date:_____

Reason for not attending?_____

Have you ever attended a paramedic training course before? ☐ Yes ☐ No

If yes, Site:_____Date:_____

Reason for not completing program?_____

I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Training Course.

Signature of Applicant:_____Date:_____