

THOMPSON HOSE COMPANY TRAINING INSTITUTE

Emailing apps preferred To:

thompsonems21@gmail.com

EMS PROVIDER COURSE APPLICATION: COURSE TYPE EMT
Training Inst.

Mail to: Thompson Hose Co.

PO Box 182

LOCATION: _____
Thompson, Pa. 18465

LEGAL NAME: _____ (Print: Last, Middle, First)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY OF RESIDENCE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

Applicants must be at least 16 years of age prior to the end of course.

EDUCATION LEVEL: (Circle highest level completed)

Elementary, High School, College,

PAST EMS HISTORY:

Have you ever been enrolled in an EMS certification program? _____ Yes _____ No

If yes, please list the

Educational Institute name _____ State, _____ and County: _____

Have you held or currently hold EMS certification in Pennsylvania, United States Military, or other states?

_____ Yes _____ No

If yes, complete the table below with your certification information:

License/Certification Level, State, License/Cert #, Issue Date, Expiration Date:

_____, _____, _____, _____, _____

Are you with an EMS Agency: Yes _____ No _____ If Yes Whom: _____

Course Type: EMT/B

QUALIFICATION INFORMATION:

Do you have any physical limitations which preclude you from performing the skills established by the course curriculum**

Yes _____ No _____ If yes, describe:

_____ Have you ever been arrested or convicted of a misdemeanor or felony?
_____ Yes _____ No _____ Arrested _____ Convicted

Specify charge or charges, dates and places: _____

Note: Special circumstances exist for individuals who have been convicted of a felony or misdemeanor**

**Applicants will not be denied course attendance solely because of this information. The Pennsylvania Department of Health will review individual registrations to determine eligibility for certification.

AFFIRMATION I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if accepted, falsified statements on the application may be grounds for dismissal. I authorize investigation of all statements contained herein. I understand and agree that, if accepted, my enrollment may be terminated according to established course requirements.

Signature: _____ (of applicant or parent if applicant is under 18yr) Date:

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Print: _____, Relationship: (circle one) Self, Parent/Guardian,

DO NOT WRITE BELOW THIS SPACE

Reviewed By _____ Date _____

Documentation of Review:

_____ Accepted: Yes

_____ No _____ Tuition Paid: _____

Course Number: _____ Date of Registration:
