

REQUIRED INFORMATION

Course Type:

LOC:

COURSE APPLICATION Please forward all applications
(Pre-Enrollment Questionnaire) EMSNP, 169 CenterPoint Blvd.
YOU MAY DUPLICATE Jenkins Twp., Pa 18640

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (H) _____ (W) _____

SOCIAL SECURITY NUMBER _____

EDUCATION LEVEL: (Circle highest level of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

EMS INFORMATION

COURSE OF ENROLLMENT

COURSE LOCATION _____

- _____ First Responder
- _____ First Responder Refresher
- _____ EMT Basic
- _____ EMT Refresher
- _____ EMT Transition

- _____ EMT Instructor
- _____ EMT Paramedic
- _____ EMT Paramedic Refresher
- _____ Health Professional
- _____ EVOC
- _____ Other

AFFILIATION

Primary Affiliate _____ Number _____

- | | | | |
|-----------------|---------------------|--------------|-------------------|
| Affiliate Type: | _____ Ambulance | _____ QRS | _____ Fire/Rescue |
| | _____ Allied Health | _____ Police | _____ Government |
| | _____ Industry | _____ Other | |

Affiliate Work Status: _____ Volunteer _____ Part Paid _____ Full Paid

Secondary Affiliate: _____ Number _____

- | | | | |
|-----------------|---------------------|--------------|-------------------|
| Affiliate Type: | _____ Ambulance | _____ QRS | _____ Fire/Rescue |
| | _____ Allied Health | _____ Police | _____ Government |
| | _____ Industry | _____ Other | |

Affiliate Work Status: _____ Volunteer _____ Part Paid _____ Full Paid

QUALIFICATION INFORMATION

The information below must be completed to establish certification qualifications prior to the admission into the certification process:

Date of Birth* _____ Age* _____

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

No _____ Yes _____ If yes, describe: _____

Have you ever been arrested or convicted of a misdemeanor or felony?

_____ 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 must be at least 16 years of age prior to State Certification.**

****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.**

AFFILIATE RECOMMENDATION

I certify that _____ is representing
_____. As the organization supervisor, I endorse the
applicant's attendance in the _____ training program.

Name _____ Title _____

Organization _____

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 _____ Date _____

DO NOT WRITE BELOW THIS SPACE

Reviewed By _____ Date _____

Documentation of Review: _____

Accepted: Yes _____ No _____

Course Number: _____

Tuition Paid: _____

Date of Registration: _____