



**Grant Medical Center  
EMS Education**

Suite 250  
393 East Town Street  
Columbus OH 43215-4741  
(614) 566- 8289  
fax (614) 566- 8359

info@grantemseducation.com  
www.grantemseducation.com

State of Ohio Accreditation No. 314

Dear Applicant,

Enclosed is the EMT-Basic application you requested. Please return the completed application along with a copy of your diploma or GED, and driver's license to the address listed on the application.

**If you wish notification of receipt of your application, please include a self addressed, stamped envelope for notification by return mail.**

Please note that your application must be received two weeks before the start of class to ensure enrollment. Tuition must be paid by the start of class (**cashier's check or money order**). Classes without sufficient enrollment will be cancelled. We look forward to having you in our class.

Sincerely,

*Barbara J Scherer*

Administrative Assistant  
EMS Education  
(614)566-8289