



EMT-Basic Refresher Application

.....
**Attach a copy of current Ohio driver's license and
if applicable - a copy of current Ohio EMT-Basic card with application**
.....

Please print

Date: _____

NAME: _____ Home Phone: (____) _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ email address: _____

SS#: _____

**(The Refresher classes will begin with the EMT-Basic Course –
required classes for refresher students will be indicated on schedule received the first night)**

Classes are Monday and Wednesday evenings 6-10 pm.

**In order to assure your place in the class, tuition MUST BE PAID by the start of class
and your application must be received NO LATER THAN one week before the
start of the class.**

TUITION PAYABLE TO: Grant EMS Education

Cashier's check, Money Order or Department Check **ONLY.** **NO PERSONAL CHECKS ACCEPTED**

If you are an **ACTIVE** member of a fire department or government body providing EMS, please complete the following.

I certify that this applicant is an active member of the _____ Dept.
and I approve this application.

Signature of Chief or EMS officer

(OVER)

1. Have been convicted of, pled guilty to, or had a judicial finding of guilty for any of the following:
 1. a felony
 2. driving under the influence committed in the course of practice
 3. a misdemeanor involving moral turpitude
 4. a violation of any federal, state, county or municipal narcotics law
 5. any act committed in another state, that, if committed in Ohio would constitute a violation set forth in 4765-8-01 (a) (3) of the Ohio Administrative Code?

_____Yes_____No
2. Have been adjudicated mentally incompetent by a court of law?
 _____Yes _____No
3. Do you currently engage in the illegal use of controlled substances, alcohol or other habit-forming drugs or chemical substances?
 _____Yes _____No
4. Have you ever committed fraud or material deception in applying for, or obtaining a certification to practice issued under Chapter 4765 of the Revised Code?
 _____Yes _____No
5. Have you ever been dismissed or withdrawn from any educational program?
 _____Yes _____No

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE ATTACH DOCUMENTATION TO EXPLAIN.

I attest that all provided is true and accurate to the best of my knowledge and I understand that a false statement on this application constitutes falsification of documents as stated in the student manual and will result in disqualification for the EMS Education Program.

 Applicant's Signature

 Date

 Please print above name

Return application and tuition to:

**EMS Education
 393 E Town St
 2nd fl, Suite 250
 Columbus, OH 43215**

This application may be duplicated.