



EMT-PARAMEDIC CLASS APPLICATION

Please read:

The following must accompany this application:

Copies of: OHIO EMT-B Card, High School Diploma, OHIO Driver's License, Current CPR Card AND \$10 Application Fee – Money order or cashier's check – No personal checks

PLEASE PRINT

DATE: _____

+++++

NAME: _____
(Last) (First) (MI)

HOME PHONE: (____) _____

EMAIL ADDRESS: _____

CELL PHONE(____) _____

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

PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: (____) _____ SSN: _____ DOB: _____

PHYSICAL CONDITION: _____ LIMITATIONS? _____
(Physical exam required if accepted)

Where was EMT-B obtained? _____ Current Nat. Reg.# _____ Exp Date: _____

Who will be responsible for your tuition? **Self:** _____ **Department:** _____

PLEASE INDICATE CLASS PREFERENCE:

January Day Class _____ April Day Class _____ August **Night** Class _____ Sept Day Class _____

Pretest date preference: _____

STUDENT SIGNATURE: _____

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(Signature required in order to receive Priority I or II status)

I certify that this applicant is an active member of the _____
(Fire Department)

_____ and has been functioning as an EMT-B for _____ yrs/mo. I approve this
(or EMS) application _____.

(Signature of Chief or EMS Officer) _____ Contact number _____

1. Have you been convicted of, pled guilty to, or had a judicial finding of guilty for any of the following:
 - a) a felony
 - b) driving under the influence committed in the course of practice
 - c) a misdemeanor involving moral turpitude
 - d) a violation of any federal, state, county or municipal narcotics law
 - e) 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 you 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 Have you even been dismissed or withdrawn from any educational program?
 _____ YES _____ NO

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

I attest that all provided is true an 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 from the EMS Education program.

_____ (Applicant Signature) _____ (Date)

Please print above name: _____

RETURN APPLICATION TO: **Grant EMS Education**
 393 E Town Street, Suite 250
 Columbus, OH 43215