



Dear Applicant,

Enclosed is the **application** you requested. **Please remember to select a pretest date and enter it on the application, along with your class choice.** Enclosed you will also find a list of admission requirements for the program, please read it over carefully. Call 614-566-8289 if you have any questions.

Enclose a \$10.00 cashier's check or money order, (**personal checks will NOT be accepted**) made payable to "GMC EMS Education", as well as:

- **copy of your State of Ohio EMT-B card**
Please include a copy of your National Registry card if current
- **valid Ohio driver's license**
- **high school diploma or GED certificate**
- **health care provider CPR card**

**Grant Medical Center
EMS Education**

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

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www.grantemseducation.com

State of Ohio Accreditation No. 314

Report to the EMS Education classroom at 393 E Town St, 2nd floor, Suite 250, 2nd floor, on time and on the pretest date you have selected .

Please keep this letter in a safe place so that you will know where to report for the pretest.

The **pretest** will cover knowledge based on the current 1994 O.D.O.T. EMT-B curriculum, along with twenty basic math questions. The use of calculators **IS NOT permitted.**

PLEASE BRING TWO #2 PENCILS WITH YOU FOR THE PRETEST.

If you wish confirmation of receipt of your application, please **include a self addressed, stamped** envelope with your completed application. You will be notified **by mail** of your results.

We look forward to seeing you.

Sincerely,

Barbara J Scherer

Administrative Assistant
(614)566-8289