



**Emergency Medical Training Professionals, LLC**  
1141 Red Mile Rd. Suite 101, Lexington, KY 40504

Phone: (859) 455-8438  
Fax: (859) 455-8439

[info@emptky.com](mailto:info@emptky.com)  
<http://www.emtpky.com>

**Program Application for:**

**SRNA / Phlebotomy / EKG Technician**  
(Circle one)

**Student Information**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone # Work Phone # Cell Phone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth SSN

\_\_\_\_\_  
Preferred Name for ID card

**Citizenship Status:** US citizen  Yes  No  
If not a US citizen, what is your Visa Type? \_\_\_\_\_  
\*Country of origin? \_\_\_\_\_

If not a US citizen, are you a permanent resident alien of the U.S.?  Yes  No  
Resident Alien Number \_\_\_\_\_  
(Attach a copy of front and back of green card)  
Foreign Address \_\_\_\_\_

**\*Primary Race/Ethnicity:**  Black, Non-Hispanic  American Indian or Alaskan Native  
 Asian or Pacific Islander  Hispanic  White, Non-Hispanic  Other

Please list all the names that you have used on previous educational records:  
\_\_\_\_\_

High School Attended \_\_\_\_\_  
High School Name City State/County

High School Graduation Date \_\_\_\_\_ GED Completion Date \_\_\_\_\_

**Residency Status:**  Kentucky  
Have you lived in Kentucky for the last 12 months?  Yes  No  
Have you received financial support from an individual outside of Kentucky during the last 12 months?  Yes  No  
Does either parent live in Kentucky?  Yes  No  
 Non-Kentucky  
How long have you been living in your non-Kentucky county? \_\_\_\_\_

**(Form continues on reverse side/next page)**

***Emergency Contact Information***

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Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

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Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Primary Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

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Secondary Contact (relationship) \_\_\_\_\_ Phone # \_\_\_\_\_

Unless otherwise indicated, all information on this form must be complete and accurate. Withholding or providing false information may make you ineligible for admission or enrollment.

**Upon signing below, you acknowledge responsibility for all financial obligations you incur if you enroll as a student with EMTP, LLC, even in the event that you decide to withdraw or for other reasons you do not complete the program.**

This application must be submitted along with the course enrollment deposit. This deposit is non-refundable. The remaining tuition is refundable prior to the first day of class. See the course catalog for more information about enrollment, admission and refund policies.

Date \_\_\_\_\_ Signature \_\_\_\_\_