



Emergency Medical Training Professionals, LLC

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Program Application for Course # 235 - _____ - _____
(yr) (course #)

B / P / other: _____
(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

S M L XL XXL XXXL
please circle shirt size

Emergency Contact Information

Emergency Contact Person Relationship

Street Address

City State Zip Code

Primary Phone # Alternative Phone#

Employer: _____ Phone: _____

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 other reasons you do not complete the program. Student will be responsible for any legal fees, expenses for collection of unpaid tuition, etc.

Date: _____ Signature: _____

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 course catalog for more specific information about policies.