

Applicant Name: _____
Last First MI

Date: ____/____/20__

Emergency Information:

Emergency Contact Name Relationship Phone Number(s)

Address City State

Major Medical Conditions / Allergies likely to cause emergencies

I authorize EMTP to contact the above person in the event of an emergency and release information necessary to provide for my well-being. I attest that I am free from addiction to alcohol or any other controlled substance. I understand that if suspected of substance abuse that I will be subject to drug and/or alcohol testing at my expense. To the best of my knowledge, I do not know of any physical and/or mental condition that would impair and/or interfere with my ability to perform the required duties of a healthcare professional. In the event that I am suspected of having a condition that impairs my ability to perform the required duties that I may be required to submit written approval from a licensed physician.

Student Signature

Date

Educational Background:

High School Name

City

State

High School Graduation Date

GED Certification Date

Other Training / Education:

Are you using this program to gain entry into another educational program? Yes No

Do you intend to simultaneously enroll at Asbury University? Yes No

Employment Background:

Employment Status: Full-Time Part-Time Unemployed Full-Time Student at Other School

Current Employer

Supervisor's Name

Work Phone Number

Employer Address

City

State

Zip

Other Experience:

Type of Desired Employment (check all that apply): Full-Time Part-Time Either

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Criminal Background:

Have you ever been convicted of a felony, pled guilty to a felony, entered into an Alford plea to a felony, or participated in a diversion program for a felony?

Yes No

By submitting this application, I am giving EMTP permission to submit my information to the Commonwealth of Kentucky in order to perform a background check for the purpose of program acceptance and certification eligibility. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

Student Signature

Date

Hepatitis B Vaccination Statement of Understanding:

I understand that due to my possible exposure to blood or other potentially infectious materials during my healthcare training and as an employee of the healthcare field I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated for HBV at my own expense. I understand that by declining this vaccination I will continue to be at risk of acquiring HBV which is a potentially life threatening disease. I understand that I have the right to change my mind and receive this vaccination at a later date. If I choose to be vaccinated at a later date, I can receive the vaccination series at my own expense; however, I am responsible for providing EMTP with my HBV vaccination records.

Please initial the appropriate line to indicate your current HBV vaccination status.

_____ I have been given the opportunity to be vaccinated for the HBV at my own expense; however I decline to obtain the HBV vaccination at this time.

_____ I do not know if I have been vaccination for HBV; however I decline to obtain HBV vaccination at this time.

_____ I have not been vaccinated for the HBV but I plan on obtaining the vaccination and I will obtain EMTP with vaccination records by the deadline mandated by the *Student Manual*.

_____ I have been vaccinated for HBV and will provide EMTP with records by the deadline mandated by the *Student Manual*.

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Financial Commitment:

Please Initial Each Line

- _____ I have made a commitment to EMTP and I will pay my non-refundable deposit and tuition for the program within the time allotted per the student manual.
- _____ I understand that I am considered “enrolled” once I submit this *Student Application Form* or make payment toward my non-refundable deposit.
- _____ If I never attend class, I will still be charged for the non-refundable program deposit and possibly an additional processing fee because I made a promise to EMTP that I would attend this course.
- _____ I understand that the program deposit, lab fees, uniform shirts and textbooks are non-refundable even if I cancel my enrollment.
- _____ If I am rendered ineligible for course completion, quit, fail, cancel my enrollment or I am terminated from the course and I still have a balance due that I must pay the entire balance within 15 days of the last day that I was present in class.
- _____ I understand that any late fees, interest, and expenses incurred by EMTP or a collections agency while collecting my outstanding balance will be added to my total balance.
- _____ If I do not cancel my enrollment within the time frame allotted or if I am terminated for misconduct that I will not be eligible for any tuition refund.
- _____ I understand that if I wish to transfer my enrollment to another course or program, I must submit a *Student Transfer Application* via e-mail (info@emptky.com) or in person at least twenty-four (24) hours before my scheduled first class session begins. Failure to request a transfer as described above will result in forfeiture of my deposit and I will not be eligible for a deposit transfer.
- _____ I understand that if I want to transfer to a different course or program that I must submit a *Student Transfer Application* via e-mail (info@emptky.com) or in person before the seventeenth (17th) hour of scheduled classroom instruction time. I will only be eligible for transfer if I am in good standing in the course and I must present documentation to show good cause (reason covered under FMLA and/or serious work conflict) for the transfer. Also, I understand that I will be required to submit a \$250.00 transfer fee to complete my request. Failure to request a transfer as described above will result in forfeiture of my deposit and I will not be eligible for a class transfer.

I attest that all information on this application is complete and accurate. Withholding or providing false information will render me ineligible for course completion, course transfer, and/or deposit transfer.

Student Signature

Date

School Administrator Signature

Date

EMTP will reimburse a student’s tuition and deposit IF the school moves a program start date and the previously enrolled student can’t attend enrollment because the newly scheduled date is not suitable. Contact EMTP (info@emptky.com) for more detailed information regarding the EMTP tuition refund policy.