

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 hereby authorize the school 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 an AEMT. 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:

Current Employment Status: Full-Time Part-Time Unemployed Full-Time Student

Current Employer

Job Title

Work Phone Number

Employer Address

City

State

Zip

Length of Employment

Avg Hours Per Week

Supervisor Name

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 the school 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.

I further understand that if I have lived outside of Kentucky for any duration during the last five years, which I will be responsible for paying for and obtaining a background check approved by the Kentucky Board of Emergency Medical Services.

Residency Status: Do you live in Kentucky? Yes No

Have you lived continuously in Kentucky for the last 5 years? Yes No

List all years and other states resided in for the last 5 years

Student Signature

Date

Certification Background:

Must be Kentucky or NREMT Certified EMT to apply

Kentucky EMT Number

Date Issued

Expiration Date

National Register EMT Number

Date Issued

Expiration Date

Have you at any time had your certification(s) or registration(s) as a EMR/First Responder, EMT, Advanced-EMT, Paramedic, Registered Nurse, Physician or its equivalent, been restricted, revoked, denied, suspended, or expired in the Commonwealth of Kentucky or another state?

Yes No

Are you currently under disciplinary action with KBEMS?

Yes No

Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care?

Yes No

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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 my application. If I enroll and 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 or make payment arrangements.
- _____ 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@emtpky.com) or in person at least twenty-four (24) hours before my scheduled first class session beings. 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@emtpky.com) or in person before the seventeenth (17th) hour of scheduled classroom instruction time. 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