



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 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@emtpky.com) or in person before the seventeenth (17<sup>th</sup>) 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**