



Applicant Name: \_\_\_\_\_  
Last First MI

Date: \_\_\_\_/\_\_\_\_/20\_\_

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 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

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.

I further understand that this background check will not substitute the required background check that the Kentucky Board of Emergency Medical Services requires. I attest that I will obtain the required background check (Verified Credentials) at my expense at the beginning of my course.

Student Signature

Date

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 EMTP to contact the above person in the event of an emergency and release information necessary to provide for my well-being.

I furthermore 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, 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 EMT. 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** \_\_\_\_\_

Hepatitis B Vaccination Statement of Understanding:

I understand that due to my probably 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 serious 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 vaccinated 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*.

Applicant Name: \_\_\_\_\_  
Last First MI

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**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 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@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 (17<sup>th</sup>) 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 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 cancel enrollment because the newly scheduled date is not suitable. Contact EMTP ([info@emptky.com](mailto:info@emptky.com)) for more detailed information regarding the EMTP tuition refund policy.***