Central Kentucky Paramedic Program
The life-saving power of education...
A consortium of Asbury University, Blue Grass Army Depot Fire Department, and Emergency Medical Training Professionals.
1141 Red Mile Road, Lexington, KY 40504
Phone: 859-327-3687 Fax: 859-455-8439
www.KYMEDIC.com

Program Application

Desired Schedule:

☐ **Rotating Weekdays** (Based on 24/48 Schedule, Meets 9am to 5pm)

Start Date: ___/____/20__ Application fee $35.00 _____

Student Demographics:

_____
First Name **Middle Initial** **Last Name**

_____
Preferred Name Maiden Name (If Applicable)

_____
Street Address

_____
City **State** **Zip Code**

_____
Phone Number (000) 000-0000 **E-Mail Address**

_____
Date of Birth (MM/DD/YYYY) **Social Security Number (000-00-0000)**

_____
Driver's License Number **State** **Expiration**

In order to comply with certain recordkeeping and reporting requirements, EMTP invites students to identify their ethnicity and race. We do not utilize this information to determine admission to our school.

Are you Hispanic or Latino? ☐ Yes, I am Hispanic or Latino ☐ No, I am NOT Hispanic or Latino

What is your race? ☐ Amindian (American Indian or Alaskan Native) ☐ Asian ☐ Black
☐ Hawaiian (Native Hawaiian or other Pacific Islander) ☐ White

Applicant Name: _____ Date:___/___/20__
Last First MI

Citizenship Status: Are you a United States Citizen? ☐ Yes ☐ No
If not a US Citizen:
1. Type of Visa: _____
2. Country of Origin: _____
3. Are you a permanent resident alien of the US? □ Yes □ No
   a. Resident Alien Number _____
4. Foreign Address: _____

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
_____

Educational Background:

_____
High School Name **City** **State**

_____
High School Graduation Date **GED Certification Date**

Other Training / Education:

_____

_____

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 **Job Title** **Work Phone Number**

_____
Employer Address **City** **State** **Zip**

_____
Length of Employment **Avg Hours per Week** **Supervisor Name**

Other Employment Experience:

_____

_____

Other Community / Volunteer Experience:

_____

_____

Applicant Name: _____ Date:___/___/20__
Last First MI

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, that I will be responsible for paying for and obtaining a background check approved by the Kentucky Board of Emergency Medical Services.

_____

Student Signature **Date**

Certification Background:

__Must__ be Kentucky Certified or NREMT Registered 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

Applicant Name: _____ Date:___/___/20__
Last First MI

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 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, 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 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**

Applicant Name: _____ Date:___/___/20__
Last First MI

Financial Commitment:

I understand that I will submit a $35 non-refundable application fee with this application. **Applications will not be processed unless fee has been paid in full.**

I agree to the following if accepted into the paramedic program:

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 my application has been accepted and the school has notified me in writing of my acceptance. 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 (17^{th}) 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**