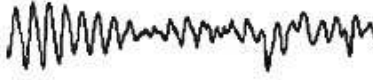
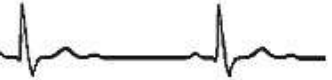


# Central Kentucky Paramedic Program



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?  American Indian (American Indian or Alaskan Native)  Asian  Black

Hawaiian (Native Hawaiian or other Pacific Islander)  White

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

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

**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
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High School Graduation Date	GED Certification Date
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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
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Employer Address	City	State	Zip
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Length of Employment	Avg Hours per Week	Supervisor Name
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Other Employment Experience:

\_\_\_\_\_  
\_\_\_\_\_

Other Community / Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_

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

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

**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: \_\_\_\_\_  
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 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: \_\_\_\_\_  
Last First MI

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

**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@emptky.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@emptky.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**