

Emergency Medical Training Professionals LLC



1141 Red Mile Road, Lexington, KY 40515
 Phone: 859-327-EMTP Fax: 859-455-8439
 www.emtpky.com

Emergency Medical Technician (EMT) Program Application

Desired Schedule:

- Monday & Wednesday** (5:30pm to 10:00pm)
 Saturday (9:00am to 5:30pm)
 Tuesday & Thursday (6:00pm to 10:00pm)
 Bootcamp (Mon to Fri 9:00am to 5:00pm)
 Online (7 Sundays from 9:00am to 5:00pm)
 \$35.00 Application Fee (Non-Refundable)

Start Date: ___ / ___ / 20__

Student Demographics:

First Name	Middle Initial	Last Name
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Preferred Name	Maiden Name (If Applicable)
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Street Address

City	State	Zip Code
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Phone Number (000) 000-0000	E-Mail Address
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Date of Birth (MM/DD/YYYY)	Social Security Number (000-00-0000)
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Driver's License Number	State	Expiration
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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: _____
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 (17th) 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) for more detailed information regarding the EMTP tuition refund policy.