EMTS INC.
Emergency Medical Teaching Services, Inc.
201 Oak Street, Second Floor, Pembroke, MA, 02359
Office: (877) 385-EMTS or (781) 826-201
Fax: (781) 826-8812 • EMTSInc.com

DEAN COLLEGE
99 Main Street, Franklin MA 02038
877-TRY-DEAN • 508-541-1624
dean.edu/scs

Full Name

Address

City State Zip

E-mail address (required)

Primary Phone

Date of Birth Social Security Last four(4) #

Have you been a student in any EMT class sponsored by **EMTS, Inc.** or any other training institution? ☐ Yes ☐ No

If yes, name of institution and address.

High School Attended Graduated

College Attended Graduated

Related EMS Education (CPR, CPR Inst., EMR, etc.) Completed

Have you ever been certified as an EMT in Massachusetts or another state before? ☐ Yes ☐ No

Has your EMT Certification ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of any offense relating to controlled substances? ☐ Yes ☐ No

If you answered **YES** to any of the questions above, please explain in detail below or on a separate sheet of paper.

PLEASE READ

The following items MUST be returned with your application:
(Incomplete applications will not be processed!)

1. Two hundred seventy-five (**$275.00**) dollar non-refundable Tuition deposit.

Credit Card Information

MO YR
Number: ☐ Mastercard ☐ Visa (check one) Exp

Security Code:

By signing below you attest that:

- The above information provided is correct and true.
- You understand that providing false information will be cause for your application to be removed from consideration.
- You agree to the admissions criteria and competancy requirements
- You further understand that if accepted full tuition will be due in the amount detailed to you when you called for tuition information.
- I understand that this class may be canceled if minimum enrollment is not met and my deposit will be returned to me.

PRINT NAME SIGNATURE DATE