EMT-I TO ADVANCED TRANSITION APPLICATION

EMTS INC.
Emergency Medical
Teaching Services, Inc.

201 Oak Street, Second Floor, Pembroke, MA, 02359
Office: (877) 385-EMTS or (781) 826-2011 Fax: (781) 826-8812

Name

Address

City | State | Zip

E-mail address (required)

Cell Phone

Date of Birth | Social Security Last four(4) #

Course Location

MA EMT-I #: ☐☐☐☐☐☐☐

What region do you work in? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Health Care Service / Department you work for

Type of EMS Service *(Police / Fire / Private / Etc.)*

Have you been a student in any course 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

EMT-I Course Attended | Year Certified

☐ **Number of years actually working as an EMT-I:**
(In years, round down to full years.)

☐ **Number of ambulance calls in which you were an attendant last year:**

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 on a separate sheet of paper.

PLEASE READ

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

1. One Hundred and eighty five **$185.00** dollar course administration & pre-course materials fee includes pre-course assesment, A & P online program & transistion textbook.

   Credit Card Information

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   Number: ☐ Mastercard ☐ Visa (check one) Exp

2. A copy of your **CURRENT EMT-I** Certification.
3. A copy of your **CURRENT CPR** Certification.

A copy of your high school diploma or GED certificate or a high school transcript will be required if accepted into the progr am and can be attached to the Immunization Documentation Form.

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.

PRINT NAME | SIGNATURE | DATE