



201 Oak Street, Second Floor, Pembroke, MA, 02359

Office: (877) 385-EMTS or (781) 826-2011 Fax: (781) 826-8812

Full Name _____

Address _____

City _____ State _____ Zip _____

E-mail address (required) _____

Primary Phone _____

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

What EMT Course Are You Applying For?
 Day location _____ Evening location _____

Have you been a student in any Paramedic 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 _____

EMT Course Attended _____ Completed _____

Course Name _____ Course Start Date _____

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!)

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

Credit Card Information

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

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 competency 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 _____