PARAMEDIC COURSE 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

Full Name

Address

City | State | Zip

E-mail address (required)

Primary Phone

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

What Paramedic Course Location Are You Applying For?
☐ **Day** *Location*_____ ☐ **Evening** *Location*_____

MA EMT #: ☐☐☐☐☐☐☐

Health Care Service / Department you work for

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

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

EMT Course Instructor

Course Name | Course Start Date

How long have you been certified as an EMT?
(In years, round down to full years.)

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

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 dollar (**$100.00**) non-refundable application fee.

Credit Card Information

MO | YR

Number: ☐ Mastercard ☐ Visa (check one) Exp

2. A copy of your **CURRENT EMT** 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 program 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