



201 Oak Street, Second Floor, Pembroke, MA, 02359  
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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) # \_\_\_\_\_

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!)

- Two-Hundred dollar (**\$200.00**) non-refundable application fee.
 

**Credit Card Information**

Number: <input type="text"/>	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa (check one)	Exp <input type="text"/>
		Security Code: <input type="text"/>
- A copy of your **CURRENT EMT** Certification.
- 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 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.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_