

AEMT PROGRAM APPLICATION



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 AEMT Course Location Are You Applying For?
 Day Location _____ Evening Location _____
MA EMT#

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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

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 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 _____