

Date Mailed

**EMS-COURSE
ENROLLMENT APPLICATION**

Date Received

EMS-Course Requested (Circle One) **EMT Basic**, EMT-D, EMT-I, EMT-AI,
EMT-REFRESHER, EMT-P

Present EMS Certifications: _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB:M/D/Y _____ Phone # Home _____ Work _____

AGE: _____ SS# _____

SEX M/F _____ H.S. Graduate or GED _____

Reason for Requesting Course: _____

Complete this section only if a Rescue Squad Member:

Rescue Squad Affiliation Present or Future _____

Rescue Captain's Signature _____ Date _____

Class Beginning Date _____

Signature of Student Date

In order for this application to be accepted, it must be completed and returned within 10 days

Classes will meet two nights a week from _____ in Leslie 132. If you have any questions, contact Tommy Joyner at 321-4233 or Glenda Washington at 321-4225.