



# Community Health Network

## Emergency Medical Services – EMS Education



Application for

### Emergency Medical Technician-Basic Course

#### APPLICANT INFORMATION

Name: \_\_\_\_\_ Driver License # \_\_\_\_\_ - -

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ SSN: (optional) \_\_\_\_\_ - -

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**  
 Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

#### EMERGENCY MEDICAL SERVICES INFORMATION

Healthcare Provider CPR Certification Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Attach copy of certification with application**

\* Certification is required for entrance into the program\*

\_\_\_\_\_ I will need to attend the CPR Class on January 14<sup>th</sup> 2010  
 Please send additional payment of \$50.00

## EDUCATIONAL INFORMATION

High School (Name, City, State): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ **Attach copy of Diploma**

Business / Technical School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Have you ever been convicted of a felony under state or federal law? YES NO

Explain in full: \_\_\_\_\_

**\*\* Conviction of a felony may have a bearing on your ability to be certified in the State of Indiana\*\***

Do you have any disabilities that could directly affect your performance as a student?  
(lifting, bending, hearing, etc) YES NO

If yes, please explain \_\_\_\_\_

I certify that my answers are true and complete. I understand that I will be subject to immediate termination from the EMT-Basic Program for any information that has been falsified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application with copies of high school diploma or GED, and Healthcare Provider CPR Certification to:

**Terri R. Hamilton, EMT-P, PI**

**Community Health Network**

EMS Education

1500 North Ritter Avenue

Indianapolis, IN 46219

[Thamilton2@ecomunity.com](mailto:Thamilton2@ecomunity.com) 317-355-2433

Fax 317-351-2419

**FOR OFFICE USE ONLY**

**Applicants Name:** \_\_\_\_\_

**APPLICATION PACKET:**

Application #: \_\_\_\_\_ Date Rec'd.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fee Received/Amount: \_\_\_\_\_ Date Rec'd.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Immunizations:**

Provide Proof of the following:

MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_ TB \_\_\_\_\_ Tetanus \_\_\_\_\_

***Immunizations must be complete before going to clinical sights.***

Application Complete Yes \_\_\_\_\_ No \_\_\_\_\_

ACCEPTED \_\_\_\_\_ DECLINED \_\_\_\_\_ NOTIFIED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Via: \_\_\_\_\_