



Kentucky Community and Technical College System State Fire Rescue Training- Area 09

Application for Admission to **EMT-BASIC** Course

Please PRINT all information clearly.

NAME: _____ SEX: M F
LAST FIRST M.I.

ADDRESS: _____
MAILING STREET OR PO BOX

CITY: _____ STATE: _____ Zip: _____

HOME PHONE: (____) _____ CELL#: (____) _____

Primary E-Mail _____ Date of Birth: ____/____/____

The following documents must be submitted with the application:

- High School diploma or GED certificate,
- Drivers License

*Do to the nature of EMT work, the following questions MUST be answered. Yes answers will not disqualify admission. However, convictions may prohibit you from certifying as an EMT upon completion of the class.
(All applicants, by regulation, must have a background check filed with the Ky Board of EMS at the end of the course)*

Have you ever been certified as an EMT or Paramedic or equivalent in KY? _____ Another State? _____

If yes, explain _____

Have you ever been convicted of a crime or multiple traffic offenses in KY? _____ Another State? _____

If yes, explain _____

Briefly explain why you are interested in taking this course:

**Are you currently affiliated with an EMERGENCY AGENCY? Yes No Length of service? ____ yrs
Name of service _____ Supervisor _____ Paid _____ Vol _____**

(Emergency agency may be EMS, Hospital, Fire Dept, Police Dept, or Rescue Squad)

I hereby certify that the information provided on this application is TRUE and CORRECT to the best of my knowledge and I understand that falsification of any information to obtain training and or certification can cause my denial to the course, discharge from the course, or loss of certification without the reimbursement of fees, tuition, etc.

Applicant Signature _____ Date Signed _____