



EMS Education Advanced Provider Application

PERSONAL INFORMATION

Name _____ SSN# _____

Permanent Address _____

City/State/Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____ Date of Birth _____

CU Student ID # _____ Campus Phone _____ Box # _____

Driver's License# _____ Exp Date _____ State issued _____

Date Physical Exam Completed/Scheduled (must include TB test, Hep B, measles vaccine) _____

Are you physically able to lift 50 pounds? Yes No

Able to stand and/or walk for long periods of time? Yes No

Do you have your own transportation to clinicals? Yes No

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____

EDUCATION

High School attended _____

Did you graduate? _____ Year of Graduation _____

EMT-B Completion Year _____

College/University attended _____

Class (please circle one): Freshman Sophomore Junior Senior

Major: _____ Minor: _____ GPA (cumulative): _____

***NOTE:** Please have your advisor sign **the top of this page** if you plan to carry 16 semester hours or more while taking this course.

GENERAL INFORMATION

Experience (not required) running with an EMS Squad and/or Fire Department?

Other EMS/Medical training that is currently valid (CPR, Lifeguard, First Aid, etc)?

Experiences that have provided you with patient care opportunities (hospital job, volunteer work, etc.)?

Please list any other campus organizations you are involved in.

CRIMINAL

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

NOTE: *If you have been convicted of a felony, you will not be permitted to sit for the final exam, per the State of Ohio Rules and Regulations.*

If you have been convicted of a misdemeanor, please provide the following information:

Charge _____ Date _____

NOTE: *All misdemeanor convictions are reviewed by the State Board of EMS on a case by case basis. Sitting for the National Registry exam is not a guarantee with any misdemeanor conviction.*

REFERENCES

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

I declare that the above statements are true and I understand that giving false information is punishable under Ohio Revised Code Section 2921.13, False Statements, or up to six (6) months in jail and/or \$1000 fine.

Signature of Applicant

Date

Send to: Cedarville University, Center for Lifelong Learning, 251 N. Main St., Cedarville, OH 45314