EMS Education
EMT Student Application

PERSONAL INFORMATION

Name_____SSN#_____

Permanent Address_____

City/State/Zip_____ Home Phone_____

Work Phone _____ Cell Phone _____ Date of Birth_____

CU Student ID # _____ Email address_____

Driver's License# _____Exp Date _____State issued_____

Date Physical Exam Completed/Scheduled (cannot be more than 1 yr old by the end of class) _____

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_____

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 (no more than one relative)

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