



EMS Education

EMT Student Application

PERSONAL INFORMATION

() Fall () Spring 20____

Name (first, middle initial, last) _____ SSN# _____

Permanent Address _____

City/State/Zip _____ Date of Birth _____

Work Phone _____ Cell Phone _____

CU Student ID # _____ Email address _____

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

Remember to schedule a Physical Exam (must include 2 step TB test, Hep B, measles, Varicella 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 _____

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 _____

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): _____

Advisor's Signature: _____

Required for those taking 16 hours or more.

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

Directions (please read carefully):

Registration for the course is accomplished by registering online and completing the application. Cedarville students that are taking more than 16 hours while enrolled in the EMS course need to include their advisor's signature. Once completed, the application should be sent to the Center for Lifelong Learning, Cedarville University.

The Center for Lifelong Learning will then email the student and notify them by email of their status. Students may be accepted or put on a wait list.

Once you have been accepted into the program, complete the following paperwork:

- 1) You will need to have a current physical, flu shot, and two step TB test for the EMT class. This means that the physical and TB test must be *no more than 6 months old* when the class begins. The flu shot must be current for the school year. You are also required to submit a record of your immunizations including the Hep B, two MMR or titer, and two Chickenpox vaccines or titer. University Medical Services (cedarville.edu/ums) can provide physicals for full-time Cedarville University students. If a student chooses to use their own physician, they need to have the EMS physical form completed by their physician. See the CU EMT web site for the form.
- 2) You must submit a copy of your health insurance card (front and back).
- 3) An Ohio BCI background check is required for clinicals. A prior Ohio BCI background check will be acceptable if the EMS student has been a member of good standing of a fire or EMS agency and has had a BCI background check within one year of beginning clinicals. Students who have been a resident of Ohio for at least 5 years may get a BCI check (\$40). Students who have not been a resident of Ohio for at least 5 years must get the BCI and FBI check (\$65). The Campus Safety office is a certified provider. You must schedule an appointment (937-766-7992). The results should be sent to Linda Chrystal.

Your medical information and background check must be in our office by the first day of class or your registration will be canceled and your money refunded. The *only* exception is for the flu shot during fall semester. In that case, the due date for the flu shot will be announced in class.

The textbook and workbook, blood pressure cuff, and stethoscope are required. They may be purchased at the university bookstore. Students must have the textbook and workbook the first day of class.

Enrollment will remain open until the registration deadline, when payment is due. Any payments after this deadline will incur a \$35 late fee. If a student wishes to withdraw, they must do so no later than one week before the class begins, in which the course fee (minus a \$35 processing fee) will be refunded. There will be no course fee refund after class has been in session for 16 class hours. A ten percent administrative fee will be deducted from the remaining course fee. Students dismissed from the program will forfeit all money paid.

A confirmation of the class meeting time and room location will be emailed to the student the week before the class begins. The course fee must be paid by the first day of class. A student will not be permitted to begin classes if the course fee is not paid.

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Student name (please print): _____

To schedule your background check, call Campus Safety at 937-766-7992. This paper must be presented at the time that you get your background check.

Answer the following questions:

___ I have been a resident of Ohio for five or more years. (only need the BCI background check \$40)

___ I have been a resident of Ohio for less than five years. (need the BCI and FBI background check \$65)

Charges:

___ cash

___ credit card

___ I am sponsored by _____ Fire Department, so I do not have to pay for the background check.

Please send the results to Linda Chrystal.

While you are there, pick up your badge (our office covers this cost).