



# Emergency Medical Teaching Services, Inc.

201—205 Oak Street, Second Floor

Pembroke, Massachusetts 02359

Office: (877) 385-EMTS or (781) 826-2011 Fax: (781) 826-8812

## Entry Level EMT Course Application

Name

Address

City

State

Zip

Home Phone

Work Phone

E-mail address

Date of Birth

Social Security #

Have you ever been certified as an EMT in Massachusetts or another state before?

Y / N

Has your EMT Certification ever been suspended or revoked?

Y / N

Have you ever been convicted of a felony?

Y / N

Have you ever been convicted of any offense relating to controlled substances?

Y / N

If you answered YES to any of the questions above, please explain in detail below or on a separate sheet of paper.

What EMT Course Are You Applying For?

Have you been a student in any EMT class sponsored by EMTS, Inc. or any other training institution?

Y / N

If yes, name of institution and address.

High School Attended

Graduated

College Attended

Graduated

### PLEASE READ

The following items **MUST** be returned with your application:  
(Incomplete applications will not be processed!)

1. One hundred seventy-five (\$175.00) dollar non-refundable deposit.

By signing below you attest that:

- The above information provided is correct and true.
- You understand that providing false information will be cause for your application to be removed from consideration.
- You further understand that if accepted full tuition will be due in the amount detailed to you when you called for tuition information.

PRINT NAME

SIGNATURE

DATE