



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

Paramedic Course Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____

Date of Birth _____ Social Security # _____

What Paramedic Course Are You Applying For?

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MA EMT #

What region do you work in? 1 2 3 4 5 ?

Health Care Service / Department you work for _____

Type of EMS Service (Police / Fire / Private / Etc.) _____

Have you been a student in any Paramedic 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 _____

EMT Course Attended _____ Completed _____

EMT Course Instructor _____

Do you currently have health insurance?
Health insurance is **REQUIRED** for acceptance into the program and for clinical rotations! **Y / N**

Do you currently have malpractice insurance?
Malpractice insurance is **REQUIRED** in order to take the Practical Exam and must be maintained throughout clinical rotations. **Y / N**

How long have you been *certified* as an EMT? (In years, round down to full years.)

Number of years *actually working* as an EMT: (In years, round down to full years.)

Number of ambulance calls in which you were an attendant last year:

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.

PLEASE READ

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

1. Fifty (\$50.00) dollar non-refundable application fee.
2. A copy of your CURRENT EMT Certification.
3. A copy of your CURRENT CPR Certification.

A copy of your high school diploma or GED certificate or a high school transcript will be required if accepted into the program and can be attached to the Immunization Documentation Form.

The Immunization Documentation Form can be downloaded from our website or by calling our office.

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 understand that a passing grade is required on the entrance exam which will be scheduled prior to the start of the course.
- 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 _____