



EMT – INTERMEDIATE APPLICATION

DUE DATE: August 15, 2007

Actual date submitted: _____

DIRECTIONS: Please type or print and complete ALL of the information requested. Where appropriate, all items that apply to you should be marked with an "X". Only complete applications will be accepted.

1. PERSONAL INFORMATION

Name _____

Last *First* *Middle*

Date of Birth: _____ Driver's License Number and state of issue: _____

Home Address _____

Street Address *City* *State* *Zip*

Telephone: **Home** _____ **Work** _____

Please list the name, address and phone number of a person to be notified in case of an emergency.

Name _____

Street Address _____

Street Address *City* *State* *Zip*

Telephone: **Home** _____ **Work** _____

Relationship to the applicant: _____

2. CURRENT CERTIFICATION

_____ I have a current **Healthcare Provider card** issued by either the AHA or ASHI. A copy of my card (front and back) is attached.

_____ I am enrolled in a healthcare provider course.

_____ **I need a course!**

3. BACKGROUND CHECK

_____ I have entered all the required information at www.mybackgroundcheck.com

If you have any questions regarding this application, please contact John Higley at 702-346-2690.