

Student Registration must be filled out entirely; incomplete forms will not be accepted
PRINT ALL INFORMATION

Last Name: _____ First: _____ Middle: _____

Home Address: _____

City _____ County: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Employer _____ Work Phone # _____

Circle highest Completed Education: 9 10 11 12 13 14 15 16 17 18 Degree: _____ GED: _____

Have you ever been convicted of a felony? [] Yes [] No

Have you ever been convicted of a DUI? [] Yes [] No

Are you now or have you ever been addicted to controlled substance or intoxicating liquors? [] Yes [] No

Have you ever been treated for mental illness? [] Yes [] No

Is your eyesight impaired in any manner? [] Yes [] No If yes, is it corrected? [] Yes [] No

Have you ever had any type of professional license revoked, suspended or surrendered? [] Yes [] No
If yes, provide a written explanation.

Location of EMT Course: _____

[] I have received an explanation of the total cost for my EMT course. Total cost of EMT course: _____

[] I have received a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information included explanation of my current training program accreditation status, eligibility of college credit, eligibility to attend EMT- Advanced courses, and contact information for two (2) nearby accredited college EMT programs.

[] I understand I must receive HIPPA education from my EMT course and sign a confidentiality statement.

[] I understand that a background check and drug screen are required prior to visiting any clinical sites. Failure to complete a background check or drug screen, or having any failing criteria, will prohibit my clinical participation.

Student Signature: _____

Date: _____

OEMS Course Approval Number: _____