



# EMERGENCY MEDICAL CLASSES

**ONLINE EMT Course August 30, 2014-January 3, 2015 (NOT ADVANCED)**

## EMS COURSE APPLICATION

Date of Application: \_\_\_\_\_ Applying for: (circle) **EMT** **AEMT (Advanced)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently affiliated with another EMS system: (circle) **yes / no**

If yes, please provide additional information:

Name of EMS system: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_ Phone: \_\_\_\_\_

## LEGAL BACKGROUND

A "yes" answer to any of the following questions does not automatically disqualify you from certification.

Have you ever been suspended from an EMS System? **Yes No**

Are you currently suspended from an EMS System? **Yes No**

Have you ever been convicted of a felony? **Yes No**

Are you currently charged with a felony? **Yes No**

Has your drivers' license been suspended? **Yes No**

## EMS CERTIFICATIONS IF APPLICABLE

EMT: Year Completed and Training Site: \_\_\_\_\_

AEMT: Year Completed and Training Site: \_\_\_\_\_

Please attach a copy of the following if you have them:

- EMT / AEMT
- ACLS
- CPR
- PALS
- PHTLS / BTLs



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**CONFIRMATION OF STATEMENTS**

The information I have provided on this application is accurate and correct. I understand misrepresenting my personal data as requested above or providing incorrect data may result in denial of acceptance as an EMS student and if already in class, will cause termination from the course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEMENT OF UNDERSTANDING**

I agree and understand that the application process for the Emergency Medical Classes Training Program may involve an investigation of my background; including contacting current and former employers, reviewing records of criminal arrests, convictions, and evaluation of my driving history. This may also include verification of certifications and training.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please read and initial the following:**

**Disclaimer of employment \_\_\_\_\_**

I understand acceptance into the Emergency Medical Classes training course does not imply an employee – employer relationship. I understand while functioning as an EMS Provider I am not an employee of Emergency Medical Classes. I also, understand that provider affiliation does not guarantee employment with the EMS System Provider Agency, or any other participant in any Fire Department, EMS Training Institution or clinical site.

**Substance Abuse Policy \_\_\_\_\_**

I understand that as an EMS Student, I am subject to the "Substance Abuse Policy" of Riverview Hospital and the EMS Agency. This includes, upon request of the EMS Medical Director, Blood Alcohol Test and/or Blood and/or Urine Toxicology Screening at the expense of the student.

**Standard of Care \_\_\_\_\_**

I understand that as an EMS Provider and Student in the Emergency Medical Classes.com Training Institute, I must comply with all protocols set forth by the EMS Medical Director. I understand that violation of any protocol is noncompliance with the expected Standard of Care and such action may result in immediate corrective action, including affiliation and/or course suspension.

**Refund \_\_\_\_\_**

No refund will be provided after AUGUST 23, 2014.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# **EMERGENCY MEDICAL CLASSES**

Pamela Taylor · 422 Wild Ridge Drive, Noblesville, IN 46060 · Office 317-716-9981

## **ONLINE EMT Course August 30, 2014-January 3, 2015 (NOT ADVANCED)**

Course	\$700.00
Textbooks and Electronic Premiere Package	\$269.96 (that includes a 25% discount)

After you have signed up for the course, you will receive the code for your textbook/Premiere Package discount in which you will order on your own. \$700 must be paid by AUGUST 23, 2014 unless otherwise approved to maintain your status in this class. Bring all textbooks and electronic package to your first class! All students must have an email address for this class and provide it on this application.

If paying by credit card, a three percent processing fee will be charged.

Applications may be emailed to Pamela Taylor, EMT-P, PI at [pamtaylor@emergencymedicalclasses.com](mailto:pamtaylor@emergencymedicalclasses.com) or mailed to

Pamela Taylor  
422 Wild Ridge Drive  
Noblesville, IN 46060

**ALL PAYMENTS MUST BE PAID BY AUGUST 23, 2014 UNLESS OTHERWISE APPROVED TO MAINTAIN YOUR STATUS IN CLASS.**

**\*All applicants are required to attach a copy of their driver’s license or photo ID when submitting application.**

**\*If you have a PSID number, place it here: \_\_\_\_\_**

**\*CPR must be taken with the class regardless of already being certified.**

## **Payment for the course must be made out to “Pamela Taylor.”**

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Do not write below this line. Office use only.

CPR	_____
Letter sent	_____
Payment for class	_____
Cash/Credit Card	_____
Textbooks ordered	_____
Acceptance Letter sent	_____