

EMERGENCY MEDICAL SERVICES OF NORTHEASTERN PENNSYLVANIA, INC.
EMS PROVIDER COURSE APPLICATION

Course Type: EMT
Loc: Wayne Memorial Hospital -Fall 2024

Please forward all applications
EMSNP, 169 CenterPoint Blvd.
Jenkins Twp., Pa 18640

LEGAL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY OF RESIDENCE: _____

MUNICIPALITY: _____ **SCHOOL DISTRICT:** _____

PHONE NUMBER (P): _____ **(S):** _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ **AGE:** _____

Applicants must be at least 16 years of age prior to the end of course.

EDUCATION LEVEL: (Circle highest level completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

PAST EMS HISTORY

Have you ever been enrolled in an EMS certification program? _____ Yes _____ No

If yes, please list the Educational Institute name, state, and county: _____

Have you held or currently hold EMS certification in Pennsylvania, United States Military, or other states?

_____ Yes _____ No

If yes, complete the table below with your certification information:

License/Certification Level	State	License/Cert #	Issue Date	Expiration Date

Are you with an EMS Agency: _____ Yes _____ No

Name of EMS Agency: _____

QUALIFICATION INFORMATION

Do you have any physical limitations which preclude you from performing the skills established by the course curriculum**

Yes _____ No _____ If yes, describe: _____

Have you ever been arrested or convicted of a misdemeanor or felony? _____ Yes _____ No

_____ Arrested _____ Convicted

Specify charge or charges, dates and places: _____

Note: Special circumstances exist for individuals who have been convicted of a felony or misdemeanor**

****Applicants will not be denied course attendance solely because of this information. The Pennsylvania Department of Health will review individual registrations to determine eligibility for certification.**

AFFIRMATION

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if accepted, falsified statements on the application may be grounds for dismissal. I authorize investigation of all statements contained herein. I understand and agree that, if accepted, my enrollment may be terminated according to established course requirements.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS SPACE

Reviewed By _____ Date _____

Documentation of Review: _____

Accepted: Yes _____ No _____ Course Number: _____

Tuition Paid: _____ Date of Registration: _____