

EMS COURSE ENROLLMENT FORM

PLEASE PRINT

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VT EMS #

NREMT#

COURSE NUMBER

XXX – XX –
LAST 4 DIGITS OF SSN

LAST NAME

FIRST NAME

MIDDLE NAME

MAILING ADDRESS

CITY/TOWN

STATE

ZIP CODE

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

SEX

DATE OF BIRTH

1) _____
PRIMARY SERVICE AFFILIATION

2) _____
SECONDARY SERVICE AFFILIATION

3) _____
ADDITIONAL SERVICE AFFILIATION

4) _____
ADDITIONAL SERVICE AFFILIATION

Course Instructor/Coordinator: _____ Course Start Date: _____

**PLEASE READ AND SIGN THE BACK OF THIS FORM BEFORE
RETURNING IT TO YOUR COURSE COORDINATOR**

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Statement of Understanding

I have received the following materials for the course I am enrolling in:

- A student manual which includes learning objectives, position description and license requirements
- A course schedule and course completion requirements

I understand that to be licensed, I must:

- Be affiliated with a licensed ambulance or first responder service or a medical facility that requires me to be licensed as an EMS provider;
- Complete a course of education approved by the Department of Health;
- Pass the cognitive and psychomotor examinations;
- Provide satisfactory answers or explanations for these questions, which I may answer now to expedite my application for license which I will file at the end of this course:

YES NO Are you currently illegally using drugs (or only recently stopped illegally using drugs)?

YES NO Have you been convicted of a crime, or are you presently a defendant in a criminal proceeding in Vermont or elsewhere?

YES NO Have you ever had an action taken against a professional license or certification you held in Vermont or elsewhere?

YES NO Have you ever applied for and been denied a professional license or certification, or have you voluntarily surrendered a license or certification that you held in Vermont or elsewhere?

NO YES Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support?

NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all taxes due?

NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation?

I verify that I am free of conditions which would prevent me from safely and effectively performing the duties and functions of a provider at the license level I am seeking. The information contained on this form is correct and factual. I understand that if I have any complaints or compliments about the course I should speak or write to the instructor-coordinator, the district training coordinator, district chair or the Department of Health. I also understand that if I have a disability for which I wish to receive accommodations, I should speak now to the instructor-coordinator and the Department of Health.

SIGNATURE

DATE