

**COURSE ENROLLMENT AND  
TUITION VOUCHER REQUEST FORM**

<hr/> VT EMS # (if applicable)	<hr/> NREMT# (if applicable)	<hr/> XXX – XX - _____ LAST 4 DIGITS OF SSN	
<hr/> LAST NAME	<hr/> FIRST NAME	<hr/> MIDDLE NAME	
<hr/> MAILING ADDRESS	<hr/> CITY/TOWN	<hr/> STATE	<hr/> ZIP CODE
<hr/> HOME PHONE	<hr/> WORK PHONE	<hr/> CELL PHONE	
<hr/> EMAIL ADDRESS	<hr/> SEX	<hr/> DATE OF BIRTH	
1) <hr/> PRIMARY SERVICE AFFILIATION	2) <hr/> SECONDARY SERVICE AFFILIATION		
<hr/> PRIOR FIRST NAME(S)	<hr/> PRIOR LAST NAME(S)		
<hr/> BIRTH CITY	<hr/> BIRTH STATE	<hr/> BIRTH COUNTRY	
Course Location/Number (if determined): _____			
Course Coordinator Name: _____		Course Start Date: _____	

**Please answer the questions on page 2 and sign the application.**

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**Agency Affiliation Attestation for Tuition Voucher**

**If you are affiliated with a Vermont EMS agency and wish to have your tuition waived, your agency's Head of Service must sign the Agency Affiliation Attestation below:**

I attest that the applicant is affiliated with the Primary Service Affiliation above, is committed to obtaining an EMS license and is fully and demonstrably participating as an active member of this organization.

<hr/> Head of Service Signature	<hr/> Date
<b>The only person authorized to sign as Head of Service is the person listed on the service's license application</b>	

## EMS COURSE ENROLLMENT FORM

### **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 have you only recently stopped illegally using drugs? {EMS Rule 14.1.5.1} If yes, please explain: \_\_\_\_\_

YES NO Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a criminal proceeding? {EMS Rules Sec. 14}  
If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office?  
YES NO If not disclosed, please explain: \_\_\_\_\_

YES NO Have you ever surrendered, resigned, been denied or had an action taken against any professional license that you have held in Vermont or elsewhere? {EMS Rule 14.1.5.7}  
If yes, please explain: \_\_\_\_\_

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? {15 V.S.A. Section 795}  
If no, please explain: \_\_\_\_\_

NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due? {32 V.S.A. Section 3113}  
If no, please explain: \_\_\_\_\_

NO YES Are you free of obligation to pay unemployment compensation contributions or in good standing With respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378}  
If no, please explain: \_\_\_\_\_

NO YES Do you authorize release to the Vermont Department of Health of any information of reports of abuse, neglect or exploitation substantiated against you and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry? {EMS Rule 14.1.5.6}

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