

NATIONAL REGISTRY EMT CLASS APPLICATION

KBEMS Approved Course Number: 154-24-03-B

Name		Social Security Number	
Address		KY State FFN (if applicable)	
City, State, ZIP		DOB	Gender Male _____ Female _____
E-Mail Address			
Telephone Numbers Home: _____ Work: _____ Cell: _____			
Have you been fined or convicted for a violation of any law or are you now under charges for a violation of any law? Yes _____ No _____			
If yes, please describe.			
Are you currently affiliated with a Fire or EMS service: Yes _____ No _____			
If yes, please list length of service. Volunteer _____ Part Time _____ Full Time _____			
Name of service or agency		Agency Telephone Number	

Required Paperwork Included In Packet:

Valid Driver's License _____ **High School Diploma/GED** _____ **Payment** _____

*****The above items must be attached with the initial application to be considered for enrollment.**

I agree to pay St. Elizabeth Healthcare the course fee of \$750. I understand this course fee does not include all KBEMS and NREMT fees but will include basic course materials. I understand that the tuition fee is non-refundable regardless of attendance unless registration is cancelled 7 days prior to the start of the class start date. **All payments are due in full by start of class.** Submit all documentation including Hep B Series, and TB shot records to: ems.coordinator@stelizabeth.com.

Student Signature _____

Date _____