

VTEMSD#3 Application for EMT-Basic Courses 2003-2004

Name: _____ DOB: ___/___/___

Address: _____

E-mail: _____

Phone: (H) _____ (W) _____

Date of High School Graduation OR GED: ___/___/___

Date of Basic Life Support (CPR): ___/___/___ * **Attach Copy of Card**

Do you have prior training or experience in EMS? Y / N
If YES, please list on reverse side prior EMS training and experience.

Are you a member of a Vermont licensed EMS agency? Y / N

Agency: _____ Date active duty began: ___/___/___

I certify to the best of my knowledge that the above information is current and correct. I also understand that this EMS course can be a labor-intensive experience. It requires the student to invest time in and outside the classroom. I have considered this prior to the course.

Applicant's Signature: _____

The following should be completed by the sponsoring agency:

I attest that the above candidate is an active member of this organization and has the approval of this organization to enroll in the EMT – Basic course. I have discussed the time issue with the candidate regarding the fact that the course can be labor intensive. The conversation included the commitment needed by the student and any resources available by the sponsoring agency towards the successful completion of this course.

Name: (print) _____ Title: _____

Signature: _____ Date: ___/___/___

Who is responsible for course fee? Organization _____ (attach check or P.O.)

Applicant _____ (attach check)

Applications must be complete and include proper signatures, copy of BCLS card and course fee (checks made out to "IREMS"). Please send to:

IREMS, University of Vermont, P. Malone, 665 Spear St., Burlington, VT 05405