

VTEMSD#3 Application for EMS Educational Courses

Please check appropriate: ___ First Responder / ECA ___ EMT Refresher ___ EMT-Basic ___ EMT-Intermediate

Application for EMS Course with expected course start date: ___/___/___

Name: _____ DOB: ___/___/___

Address: _____

E-mail (optional): _____

Phone: (H) _____ (W) _____

Date of High School Graduation OR GED (for EMT Basic Students): ___/___/___

CPR Certification exp. date: ___/___/___ * **Attach Copy of Card (EMT-B students only)**

Do you have prior training or experience in EMS? Y / N

If YES, please list on reverse side (or attach separate sheet) prior EMS training and experience (EMT-B or ECA students only).

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

Vermont EMT-B Certification No. _____

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

FOR EMT-I '03 ATTACH NATIONAL REGISTRY EMT-Basic Certification Exam Results *

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: _____

- Proof of results MUST be in writing from the National Registry or the VTEMS Office. If you do not have a record of your National Registry EMT-B written exam, you may request a confirmation from the National Registry directly.

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 this EMS 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? Applicant ___ Organization ___ (attach check or P.O.)

Applications must be complete and include proper signatures, paperwork, certification cards and course fee (checks made out to "IREMS" or VTEMS District 3). Please send to:

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

or

VT EMS District 3, C/O Colchester Rescue, PO Box 55, Colchester, VT 05446

Last modified: 9/29/2005