# PARAMEDIC COURSE APPLICATION

EMTS INC.
Emergency Medical
Teaching Services, Inc.

201 Oak Street, Second Floor, Pembroke, MA, 02359
Office: (877) 385-EMTS or (781) 826-201
Fax: (781) 826-8812 • EMTSInc.com

DEAN COLLEGE

99 Main Street, Franklin MA 02038
877-TRY-DEAN • 508-541-1624
dean.edu/scs

Full Name

Address

City | State | Zip

E-mail address (required)

Primary Phone

Date of Birth | Social Security #

What Paramedic Course Location Are You Applying For?
☐ **Day** *Location*_____ ☐ **Evening** *Location*_____

**MA EMT #:** ☐☐☐☐☐☐☐

Health Care Service / Department you work for

Type of EMS Service *(Police / Fire / Private / Etc.)*

Have you been a student in any Paramedic class sponsored by **EMTS, Inc.** or any other training institution? ☐ Yes ☐ No

**If yes,** name of institution and address.

High School Attended | Graduated

College Attended | Graduated

EMT Course Attended | Completed

EMT Course Instructor

Course Name | Course Start Date

**How long have you been certified as an EMT?**
*(In years, round down to full years.)*

**Number of years actually working as an EMT:**
*(In years, round down to full years.)*

**Has your EMT Certification ever been suspended or revoked?** ☐ Yes ☐ No

**Have you ever been convicted of a felony?** ☐ Yes ☐ No

**Have you ever been convicted of any offense relating to controlled substances?** ☐ Yes ☐ No

If you answered **YES** to any of the questions above, please explain on a separate sheet of paper.

## PLEASE READ

The following items MUST be returned with your application:
*(Incomplete applications will not be processed!)*

1. Two-Hundred dollar (**$200.00**) non-refundable application fee.

**Credit Card Information**

MO | YR
Number: ☐ Mastercard ☐ Visa (check one) Exp

Security Code:

2. A copy of your **CURRENT EMT** Certification.
3. A copy of your **CURRENT CPR** Certification.

A copy of your high school diploma or GED certificate or a high school transcript will be required if accepted into the program and can be attached to the Immunization Documentation Form.

By signing below you attest that:

- The above information provided is correct and true.
- You understand that providing false information will be cause for your application to be removed from consideration.
- You agree to the admissions criteria and competancy requirements
- You further understand that if accepted full tuition will be due in the amount detailed to you when you called for tuition information.

PRINT NAME | SIGNATURE | DATE