

OTSEGO COUNTY EMS PROGRAM APPLICATION

CHECK PROGRAM: PARAMEDIC ___ EMT-B ___ EMT-S ___ MFR ___ RESCUE ___
CPR ___ FIRST AID ___ CPR/FIRST AID ___ OTHER _____

NAME: _____ DATE: _____
 First Middle Last

AGE: _____ BIRTH DATE: _____ SEX: M ___ F ___ SS# _____

ADDRESS: _____
 Street City State Zip

TELEPHONE: _____
 Home Cell E-mail

EMERGENCY CONTACT: _____

EDUCATION: Name Relationship Telephone
HIGH SCHOOL COLLEGE MILITARY OTHER

SCHOOL: _____

DATES: _____

SPECIAL STUDY: _____

DEGREE: _____

SKILLS, LICENSE, CERTIFICATIONS, DEGREES RELATED TO EMS

LICENSE	EMPLOYER	LOCATION	SUPERVISOR	DATES	PHONE
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OUTLINE CAREER GOALS AND WHY YOU HAVE CHOSEN TO TAKE THIS PROGRAM: _____

DO YOU HAVE ANY PHYSICAL, EMOTIONAL, MEDICAL, OR PERSONAL CONDITIONS THAT WOULD:

- 1. PREVENT YOU FROM COMPLETING ANY COURSE REQUIREMENTS? YES ___ NO ___
- 2. JEOPARDIZE PATIENT HEALTH OR SAFTY? YES ___ NO ___
- 3. JEOPARDIZE YOUR OWN HEALTH OR SAFETY? YES ___ NO ___

IF YES PLEASE EXPLAIN.

CHECK IF YOU HAVE HAD THE FOLLOWING IMMUNIZATIONS AND PROVIDE A COPY OF PROOF. HEP-B ___
MMR ___ T. B. ___

****Disclaimer Notice; Please be advised; If applicant has ever been charged or convicted of a felony they may not be eligible to take the national registry exam, or be licensed in the State of Michigan. The State of Michigan does legal background checks on all applicants before issuing licenses.**

RETURN APPLICATION TO:
OTSEGO COUNTY EMS
P.O. BOX 642
GAYLORD, MI. 49734
PHONE: (989) 732-9085 FAX: (989) 732-9497