UPSTATE EMS COUNCIL, INC.
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APPLICATION FOR EMT TRAINING

COURSE LOCATION: _____ START DATE: _____

COURSE TYPE	
☐	INITIAL COURSE
☐	REFRESHER COURSE

Section I: (Print or Type)

Candidates Full Name | Date of Birth | S.S.N.

Mailing Address | City/State/Zip Code

Home Phone # | Work Phone # | Mobile #

Email

SECTION II:

I VERIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT **AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED** AND THAT A COMPLETED APPLICATION **DOES NOT** GUARANTEE ADMISSION INTO THE COURSE

I UNDERSTAND THAT I MAY PARTICIPATE IN THIS COURSE WITHOUT SERVICE OR MEDICAL CONTROL ENDORSEMENT

SIGNATURE OF CANDIDATE | DATE