

APPLICATION FOR ADVANCED EMT I PARAMEDIC TRAINING

ADVANCED EMT TRAINING		PARAMEDIC TRAINING	
<input type="checkbox"/>	ADVANCED EMT INITIAL COURSE	<input type="checkbox"/>	PARAMEDIC INITIAL COURSE
<input type="checkbox"/>	ADVANCED EMT REFRESHER COURSE	<input type="checkbox"/>	PARAMEDIC 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

EMT CERTIFICATION NUMBER & EXPIRATION DATE (List Only current numbers)			
BASIC #	ADVANCED #	PARAMEDIC #	EXPIRATION DATE
State	State	State	State
NR	NR	NR	NR
Pre- Screening test used:			YEARS OF EXPERIENCE AS AN EMT
Pre- Screening test used:			
Pre-Screening Score(s):			

SECTION III:

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 complete application **does not** guarantee admission into the program.

I understand that I may participate in this course without service or Medical Control endorsement. However, once this course is successfully completed, I understand that I must **gain service and medical control endorsements** to gain state certification.

I understand that I must be covered by malpractice insurance. (School will provide malpractice insurance.)

I have my own malpractice insurance policy

I am covered by the service for which I am employed SIGNATURE OF CANDIDATE

I wish to be covered by the school's malpractice policy (may mean additional expense)

 SIGNATURE OF CANDIDATE

 DATE

UPSTATE **EMS** COUNCIL, INC.

121 Interstate Blvd. • Suite 5B • Greenville, South Carolina 29615 • (864) 289-0112 • Fax (864) 289-0114

EMS PROVIDER AFFILIATION

- I am NOT affiliated with an SC-licensed provider.
 I AM currently affiliated with an SC-licensed provider.

Print — Name of SC EMS Licensed Provider and SC License Number

CREDENTIALS

Must Attach with this application a copy of the following Credentials

- SC EMT CARD** - All Candidates
 BLS (CPR) CARD - All candidates must have a current card.
 ACLS CARD - All Paramedic Refresher Candidates must have a current card.

Current means that the card expiration date must be greater than your state EMT expiration date.
(Refresher candidates only).

For initial candidates, your card must be current at the time state certification is issued.

REGIONAL EMS MEDICAL CONTROL PHYSICIAN ENDORSEMENT

I recommend the above candidate and agree to sponsor/supervise this person throughout this course. I verify that I am the Medical Control Director for this training agency.

Print Name of Course Medical Control Director

Signature of Course Medical Control Director

ADVANCED TRAINING AGENCY DIRECTOR'S ENDORSEMENT

I have screened this applicant and find this person

ELIGIBLE *NOT ELIGIBLE*

for the training program

Signature: Executive Director of Advanced Training Agency

If NOT eligible, state the reason: