



**KENTUCKY EMERGENCY MEDICAL SERVICES
ACADEMY**

College of Health and Human Services
Western Kentucky University
1906 College Heights Blvd #31038
Bowling Green, Kentucky 42101-1038
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APPLICATION TO BECOME AN EMT-B STUDENT

1. Name _____ / _____
Last
First
Middle / Maiden Name (if any)
2. Address _____ County _____
Street
- _____

<i>City</i>	<i>State</i>	<i>Zip Code</i>
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3. Telephone: Home (_____) _____ Work (_____) _____
 Cell #(_____) _____ Pager # (_____) _____
4. Date of Birth ___/___/___ Social Security No. _____ - _____ - _____
5. Sex M F
6. Email address: _____
7. Years of Education: _____ High School Diploma _____ GED Certificate _____
8. Other Education: _____
9. Name of Company Employed by: _____
- Contact Person _____ Street _____
- City _____ State _____ Zip Code _____
- Work Phone Number: _____ Fax Number: _____
10. Have you ever been or are you presently certified/registered as an EMT-B in another state? **Yes** **No**
 List state(s) _____
 And attach a photocopy of each state(s) certification/registration.
11. Have you ever been convicted of a felony, pled guilty to a felony, entered into an Alford plea to a felony, or participated in a diversion program for a felony?
(If yes, please provide a written explanation and a certified copy of court records). No ___ Yes ___
12. Have you ever been convicted of a misdemeanor or DUI?
(If yes, please provide a written explanation and a certified copy of court records). No ___ Yes ___

13. Have you ever been cited for a moving violation while operating an emergency medical vehicle?
(If yes, please provide a written explanation). No ___ Yes ___

14. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care?
(If yes, please provide a written explanation and a certified copy of court records). No ___ Yes ___

15. Have you ever been in default on any school loans?
(If yes, please provide a written explanation). No ___ Yes ___

16. Have you at any time had your certification(s) or registration(s) as a EMT-Basic, or its equivalent, been restricted, revoked, denied, suspended or expired in the Commonwealth of Kentucky or another state?
(If yes, please provide a written explanation and a certified copy of court records). No ___ Yes ___

17. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a EMT-Basic.
(If yes, please provide a written explanation and a certified copy of court records). No ___ Yes ___

18. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans with Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a EMT-Basic?
(If yes, please provide a written explanation and a certified copy of court records). No ___ Yes ___

Please attach to this application, copies of the following documents:

1. Current Drivers License
2. Current CPR Card
3. High School Diploma/Transcript or GED

AFFIDAVIT OF APPLICANT

I hereby state that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand that, under Kentucky Law, the submission of any false, fraudulent or forged statement, document of other matter in connection with this application is grounds for criminal prosecution and denial of certification or licensure. I authorize KEMSA or its agents to obtain from other sources any information necessary for determining my qualifications for enrollment at KEMSA. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice as an EMT-B to any person, institution, association, school, and hospital or government entity.

Signature of Applicant