



EMORY EMS
EMERGENCY MEDICAL TECHNICIAN
TRAINING APPLICATION 2009-2010



APPLICATION DEADLINE: AUGUST 1, 2009 at 5:00 pm.

Please fill out the following form to the best of your knowledge and as neatly and completely as possible. Use blue or black ink.

Name _____
Last First M.I.

Parent/Guardian Name _____

Emergency Contact Name & Number _____

Permanent Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Cell Phone** _____

Emory P.O. Box _____ **Campus Phone** _____

Date of Birth _____ **Social Security Number** _____

Primary E-mail Address _____ **Year in School (09-10)** _____

Learnlink E-Mail Address _____ **Major/Intended Major** _____

- YES NO Are you alcohol or drug dependant?
- YES NO Have you ever been convicted in any court of a felony or other criminal offense, or do you have any criminal offense pending?
(If yes, attach an explanation)
- YES NO Upon successful completion of the EMT class, do you anticipate volunteering for the Emory EMS?

PHYSICAL ASPECT: Each student shall be expected to lift and carry items of equipment and to lift and carry persons of various sizes using various types of equipment. Each student must be able to lift at least one hundred (100) pounds. The student will be trained in the proper procedures of lifting and carrying.

To be considered for admission, applications **must** include all of the following:

1. **Legible** copies of:
 - (a) High School Diploma (or equivalent)
 - (b) Applicable documentation if you checked "Yes" for the **second** question above
 - (c) Immunization records (Fill in the blanks and attach documents)

Hepatitis B (Part or all)	Attach record
Dose 1 Date ___/___/___ (required)	
Dose 2 Date ___/___/___	
Dose 3 Date ___/___/___	

MMR ^{Measles, Mumps, Rubella} (Both doses required)

Attach record

Dose 1 Date ___/___/___

Dose 2 Date ___/___/___

Chicken Pox

Do you have a history of this disease? ___ Yes ___ No

If answered "No" above:

Known serologic immunity ___ Yes ___ No If yes, attach documentation

Vaccine received Date ___/___/___ Attach record

2. Typed responses to the following questions on a separate sheet of paper. (Note: All responses must fit into 2 pages typed, single-spaced)

- (a) Why are you applying to the 2009 – 2010 EMT Class?
- (b) Based on your current understanding of the EMS system, what do you see as the primary responsibilities of an EMT? Briefly describe your understanding of the role that EMS plays within the community.
- (c) Describe your personal characteristics and experiences that will make you a successful EMT.
- (d) List and describe your extracurricular activities during the last four years.
- (e) List awards and honors received during the last four years.
- (f) List and describe your anticipated extracurricular activities/other time commitments for the 2009 – 2010 academic year.

3. **Non-Refundable** \$30 application fee.

(**MONEY ORDERS ONLY**, payable to Emory University Police Department)

You may be asked to interview with members of the Emory EMS Command Staff to complete the application process. The purpose of the EMT class is to continually staff EEMS. EMT graduates are encouraged and needed to volunteer with the Unit. You will be eligible to apply for Unit membership after EMT certification. You will be contacted with further information following submission and review of this application.

I do, by my signature, certify that the above information is true and correct to the best of my knowledge. I understand that willfully supplying false or incomplete information may be considered sufficient cause for rejection or subsequent revocation. My signature also confirms my understanding of the stipulations that coincide with the course.

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Send or bring completed application to:
Emory EMS
Emory Police Department
Attn: Captain Ray Edge
1784 N. Decatur Rd., Suite G-01
Atlanta, GA 30322-0550

For more information:
Email:
EMTClassQuestions@learnlink.emory.edu