

EMT-Basic Training Program Application

The University of Iowa Hospitals and Clinics
Emergency Medical Services Learning Resources Center

Applying for class beginning: May, Year _____
 November, Year _____
 Outreach, Location _____

Name

Last

First

Middle

Street Address or Apartment (Box) Number

City

State

Zip Code

E-mail Address

Home Phone () _____ - _____ Work Phone () _____ - _____

Date of Birth _____ - _____ - _____ Social Security Number _____ - _____ - _____

Healthcare Experience: NO YES If YES, _____ years _____ months

Full-Time Part-Time Volunteer

Ever been convicted of a serious misdemeanor or felony? YES NO

Ever been or are you now addicted to the use of any chemical substance? YES NO

Have you ever had any disciplinary action brought against you in connection with emergency medical services? YES NO

Have you ever been sued as a result of your actions as an EMS Provider? YES NO

Are you physically unable to perform the duties of an EMT-B? YES NO

If the answer is YES to any of the above, please attach documentation of the circumstances.

Health Insurance Carrier: _____

Insurance Coverage from _____ to _____

List below any certifications related to EMS (CPR, First Responder, ERT, etc.)

Certification Title	Location	Expiration Date

List below any continuing education courses attended within the last year:

Course Title	Location	Dates Attended	CEHs

List all schools/colleges attended, dates of attendance, and diplomas or degrees received, including high school graduation and beyond:

School	Location	Dates Attended	Degree/Diploma

List past work experience with current or most recent job listed first:

Employer/Location	Date Employed	Supervisor	Duties

Please explain clearly why you are applying for the EMT-Basic Training Program:

MATERIALS TO BE SUBMITTED WITH APPLICATION:

1. Three letters of reference:
 - Supervisor from present/prior employer, especially if healthcare-type position.
 - A personal reference letter from someone of your choice.
 - Someone familiar with your medical abilities (if applicable) — or an additional personal reference letter.
2. A copy of your high school or college transcripts—whichever is most recent.

I, the undersigned, authorize investigation of all statements contained in this application. I understand that misrepresentation and/or omission of facts requested are grounds for dismissal from the program.

Signature of Applicant

Date

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) or (319) 335-0697 (text), The University of Iowa, 202 Jessup Hall, Iowa City, Iowa 52242-1316.

The application information listed is used only to process your application. No information will be released to outside agencies without your expressed written consent. Failure to complete this application in its entirety may delay the processing of your application.

RETURN APPLICATION TO:

EMT-Basic Training Program
EMS Learning Resources Center
S-608, GH
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, Iowa 52242-1009