

Paramedic Specialist Training Program Application

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

Applying for class beginning: January, Year _____
 July, Year _____

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 _____ - _____ - _____

EMT Certification: EMT-B EMT-I

State of Certification: _____

EMT Certification Number _____

National Registry Number _____ National Expiration Date _____

Length of EMS Experience _____ 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 EMT? YES NO

Are you physically unable to perform the duties of an EMT-PS? 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 _____

EMT Training: Training Program Attended _____

Location _____

Date of completion _____

List below any additional certifications related to EMS (CPR Instructor, 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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:

Paramedic Specialist Training Program
EMS Learning Resources Center
6-South, GH
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, Iowa 52242-1009