

Emergency Medical Technician Cardiac

Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:

Home: _____

Work: _____

Cell: _____

Date of Birth: _____

EMT-Basic License # _____

(please enclose a copy of your license)

Do you have a **CURRENT CPR** card? Yes No (please circle)

If yes, please enclose a copy of the front and back of card.

Are you currently affiliated with a fire department, ambulance service, or other emergency service organization? Yes No

If yes, please indicate information.

Name: _____

Address: _____

City: _____

Tuition Cost: \$1,250.00 (Tuition includes all text books, lab fees, and materials required for the course).