

For Office Use Only:

Date: _____

Time: _____

Received by: _____



Application for EMT-Basic Class

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Day Class or Evening Class (Circle One)

Please return this form along with a copy of your high school diploma or GED certificate to 1606 Commerce Ave. Saint Joseph Mo, 64505. Our office hours are 9am-3pm M-F. Our Class will be filled on a first come first serve bases. Applications must be complete to be considered for acceptance into the class.

By signing and dating this form you acknowledge all information is correct.

Sign: _____

Date: _____

Print: _____