



EMT Course Student Candidates:

- Must be 18 years or older**
- Must have a Current Driver's License**
- Must pass a Background Check**
- Must have a High School Diploma or G.E.D**

Class Information:

Hybrid EMT Course with Online and Classroom Components

Class Orientation October 6, 2022 6:30pm-9:00pm (required)

Class Starts October 20th, 2022

Class on Thursdays 5:30pm-9:30pm

Required to complete field internship

Course Cost: \$900.00 (All Fees Included)

**Please Complete the Application on Page 2 and turn in NO LATER than October 3rd
You can hand deliver or mail the application to NCEMS Station 1 (1301 Atkinson Hill Ave Bardstown, KY
40004)**

or

email to firefighter429@icloud.com

***** LIMITED TO 21 STUDENTS; Entry Exam will be given on night of orientation*****

****Disclaimer: Submission of application does not guarantee acceptance into the course****



- EMT
 First Responder

EMERGENCY MEDICAL SERVICES COURSE APPLICATION

Complete all Blanks that Apply:

Name: _____
(Last Name) (First Name) (Middle Name) (Maiden if Applicable)

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Birth Date: _____ (Must be at Least 18 years or greater) Sex (M/F) _____ Marital Status _____

Home Phone: (____) _____ Phone (____) _____ E:mail Address: _____

Valid KY Driver's License Number: _____ Expiration Date _____

Years of Education: _____ (Required) Minimum High School Diploma: _____ or GED Certificate: _____

Other Education: EMR # _____ Professional CPR Provider Professional CPR Instructor CNA Medical Terminology
 Anatomy & Physiology I Certified Firefighter Other _____

All questions on this page must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete.

1. Have you ever been convicted of a misdemeanor or DUI? No Yes
(If yes, please provide a written explanation and a certified copy of court records).
2. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No Yes
(If yes, please provide a written explanation).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No Yes
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No Yes
5. Have you ever been in default on any school loans?
6. Have you at any time had your certification(s) or registration(s) as an EMR, EMT, AEMT, or Paramedic or it's equivalent, been restricted, revoked, denied, suspended, or expired in the Commonwealth of Kentucky or any other state? No Yes
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT and/or Paramedic? No Yes
8. Do you have a physical, psychological, or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of an EMT? No Yes
9. If you marked yes on any of the above questions, have you reported this to the Program Coordinator of The Nelson County EMS Training Agency in writing? No Yes

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on application form. I agree to obtain the required background check per requisite by the KY Board of EMS and Nelson County EMS Training Agency.

Signature of Applicant

Date