

**EMT BASIC
APPLICATION FOR TRAINING AND CERTIFICATION**

Application Date: _____

Last Name

First Name

Middle Name

Mailing Address

_____-_____-_____

Contact Phone

_____ **Email Address**

Are you presently affiliated with a Wyoming Ambulance or Fire Service? Yes___ No___

Name of Affiliated Service: _____

Address of Service: _____

Supervisor's Name: _____

Phone Number: _____

In one page or less (typed) please describe your:

- a. EMS background (work, volunteer experience, etc)
- b. Plans for using your EMT certification
- c. How completion of an EMT class will benefit your community

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Crimes Against a Person, Felony Statement and Licensing Action:

Have you ever been convicted of a crime against a person? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been subjected to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work? Yes _____ No _____

If you answered “yes” to any question above, you must provide official documentation of current status and disposition of the case.

I certify that all statements made on this application are true and correct. False statement may result in removal from the course or from taking the National Registry of Emergency Medical Technicians written examination.

I authorize the Wyoming Office of Emergency Medical Services to contact agencies as may be necessary to verify this information. This shall also serve as a release for said agencies to provide information to the Wyoming Office of Emergency Medical Services.

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| Candidate Name (Please Print) | Candidate Signature | Date |
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