



EMERGENCY MEDICAL SERVICES APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Last Name: First Name: M.I.

Street Address:

City: State: Zip Code:

E-mail Address:

Phone Number: Date of Birth:

Drivers License
Number:

Health Concerns
We May Need To
Be Made Aware
Of:

EMS Affiliation:

Agency Name

Street Address:

City: State: Zip Code:

PSID Number:

HIGH SCHOOL EDUCATION

Disclaimer: The State of Indiana requires that Emergency Medical Service Technicians have obtained at a minimum, a **high school diploma** or **G.E.D.** prior to certification.

High School:

Graduated:

Employment History Most Recent to Past

Agency Name

Start

Street Address:

End:

City:

State:

Zip Code:

Responsibilities

Agency Name

Start

Street Address:

End

City:

State:

Zip Code:

Responsibilities

Agency Name

Start

Street Address:

End

City:

State:

Zip Code:

Responsibilities

ADDITIONAL EDUCATION

Name of Institution:

Street Address:

City:

State:

Zip Code:

Major:

Completion Status:

Name of Institution:

Street Address:

City:

State:

Zip Code:

Major:

Completion Status:

ADDITIONAL CERTIFICATIONS

Please submit any of the following certifications with your application!

Firefighter I/II

AHA CPR

Expiration Date

P.S.I.D. number

ICS 100

ICS 200

CRIMINAL HISTORY

Falsifying the following information will result in immediate termination from the program!!!

All applicants must submit an Indiana "Limited Criminal History" report.

[Click Here for Limited Criminal History Request](#)

I have not been charged or convicted of any criminal offenses other than minor traffic offenses:

If "Yes" Charge

If "Yes" Disposition

Date of Disposition

Charge (If
additional)

Disposition

Date of Disposition



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I understand that I am applying for an educational program with Hendricks Regional Health. Acceptance into the educational program does not imply any employment of any kind with Hendricks Regional Health. With my acceptance into the program, I will not hold Hendricks Regional Health, their employees, or any agent of the hospital or program responsible for any injury or illness that may occur during my educational period. I understand that I may be dismissed from the program for failing to meet minimum educational, technical, or professional benchmarks for the program that I am applying for.

Pre-hospital Emergency Medical Technicians must have and continue to have the support and trust of the public. In order to ensure this trust, the State of Indiana and by the National Registry of Emergency Medical Technicians have placed limitations for individuals wishing to be certified or licensed as Emergency Medical Technicians or Emergency Medical Technician-Paramedic. Individuals that have certain criminal convictions may not be allowed certification or licensure. If you have a question regarding a criminal conviction, please contact The State of Indiana Department of Homeland Security, Emergency Medical Service office at (800) 666-7784.

My signature below attests that the information that is included in this application is true and accurate. If there is any change, in any portion of this application after submission, it is my responsibility and duty to inform the program instructor or Program Director of such changes.

Name: (Typed)

Signature:

Date

Paramedic Applicants Only

The following information is required to be submitted with your application:

Copy of college transcript or diploma (if applicable)

Copy of your current Indiana EMT Certification

Copy of your current AHA BLS Healthcare CPR Card

The Indiana Criminal History Report (not older than 6 months from the date of application)

Resume

A Letter of support from employer (EMS Chief or equivalent)

A short essay 200 words describing your reasons for enrolling in the program