

CENTRAL OHIO E.M.S . TRAINING

ADVANCED EMT STUDENT APPLICATION FORM

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Telephone _____
Home Cell

E-Mail

U.S. Citizen _____ Eligible Non-Citizen _____

Are you presently affiliated with an EMS agency? Yes _____ No _____

If yes, what service do you work/volunteer for?

An applicant for Advanced EMT must meet the following requirements:

Be an EMT Basic currently certified by the State of Ohio;

Be at least eighteen years of age;

Has not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, any of the following:

(a) Any felony;

(b) A misdemeanor committed in the course of practice;

(c) A misdemeanor involving moral turpitude;

(d) A violation of any federal, state, county, or municipal narcotics or controlled substance law;

(e) Any act committed in another state or jurisdiction that, if committed in Ohio, would constitute a violation set forth in this paragraph.

Has not been adjudicated mentally incompetent by a court of law;

At the time of application, is not under indictment for any felony or a has any misdemeanor charges pending as outlined in this rule;

Does not engage in the illegal use or illegal acquisition of controlled substances, alcohol, or other habit-forming drugs or chemical substances while on duty as a first responder or EMT;

Has not committed fraud or material deception in applying for, or obtaining a certificate issued under Chapter 4765. of the Revised Code;

Has not been convicted, in this state or another state, of providing emergency medical services or representing himself/herself as an EMS provider without a license or certificate, or similar crime directly related to the profession of EMS;

If the applicant is, or has been, certified or licensed as an EMS provider in this state or another state, the applicant's certificate or license is not currently on probationary status nor has it been suspended or revoked by the board or the EMS certifying or licensing entity in another state.

I certify that the information in this application and all the information which I have supplied to Central Ohio EMS Training in support of my application is correct, and I understand that misrepresentation, falsification or omission of material facts may be cause for rejection of my application or termination after acceptance. I understand and agree that statements made in this application may be subject to verification as the school may contact individuals for references. I hereby release any such person from any and all liability whatsoever because of furnishing such information.

STUDENT SIGNATURE

DATE

STUDENT NAME (PRINT)

**** In addition the Advanced EMT candidate must currently hold a valid Healthcare Provider Level CPR Card and an EMT-Basic certificate to practice.**

If application is accepted the following will be required;

Non Dot drug screen that's less than 6 months old

Proof of;

Hepatitis Vaccines or titre if vaccines more than 1 year ago.

MMR Booster

Mantoux (TB) test

Statewide Background Check

**** A \$100.00 non-refundable fee is required upon submitting the application form. The application will not be considered until the fee is paid in full.**

****If student is being sponsored by a department, the application fee will be incorporated into the invoice and will not be required upon submission of this application.**

****If student is being sponsored by a department who is paying for the course, an approving officer's signature is required.**

OFFICER'S SIGNATURE

DATE

OFFICER'S NAME (PRINT)

**NOTE: Submit the following with this application;
Copy of EMT-B card, driver's license, Healthcare Provider level
CPR card.**