

# CENTRAL OHIO EMS TRAINING Advanced EMT Student Application

Start date of course you are applying for: \_\_\_\_\_

State Cert# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_  
Home Cell

E-Mail \_\_\_\_\_

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**NOTE: Submit the following with this application;**

1. Copy of EMT card
2. Copy of driver's license
3. Copy of Healthcare Provider level CPR card
4. NIMS 100B and 700a

**Mail Application to:**

**Central Ohio EMS Training – 20 Industrial Dr., Suite F, Lexington, Oh 44904**

**An applicant for Advanced EMT must meet the following requirements:**

- Be an EMT Basic currently certified by the State of Ohio;
- Shall be at least eighteen years of age;
- Shall have 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, a felony, a misdemeanor committed in the course of practice, a misdemeanor involving moral turpitude, a violation of any federal, state, county, or municipal narcotics or controlled substance law, or any act committed in another state or jurisdiction that, if committed in Ohio, would constitute a violation set forth in this paragraph;
- Shall have not been adjudicated mentally incompetent by a court of law;
- Shall, at the time of application, not be under indictment for any felony or have any misdemeanor charges pending as outlined in paragraph (A)(6) of [rule 4765-8-01](#);
- Shall not have engaged in the illegal use or illegal acquisition of controlled substances, alcohol, or other habit-forming drugs or chemical substances while on duty as an EMS provider;
- Shall have not committed fraud or material deception in applying for, or obtaining a certificate issued under [Chapter 4765](#) of the Revised Code;
- Shall have 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; and

- Shall not currently have, or previously had their certification or license as an EMS provider in this state or another state placed on probationary status, or suspended or revoked by the board or 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.

**\*\* A \$150.00 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.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT NAME (PRINT)

**\*\*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)

**This page is required if your tuition is being paid by a Fire Department or EMS Agency;**

**I verify that this applicant is an active member of the**

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**Fire Department / Agency**

**I approve this applicant's enrollment and our department/agency has agreed to pay the course tuition.**

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**Print Name of Authorizing Official**

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**Title**

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**Signature of Authorizing Official**

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**Date**

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**Contact Number**