

To be completed by student. **PRINT boldly!**

EMT/First Responder license # (if applicable)

Name (Last, First, M.I.)

Street Address

PO Box (Required if a Street Address is not entered)

City, State, Zip

Social Security No.

Birth Date

Email address

CPR Expiration Date REQUIRED

Type of Course: Please check

- EMT Basic
- EMT-Basic Refresher
- Medical First Responder Basic
- Medical First Resp. Refresher
- Medical Emerg. Response
- EMT-Intermediate Technician
- EMT-Intermediate Tech Refr.
- EMT-Paramedic
- EMT-Paramedic Refresher
- Paramedic Technician
- Other (please specify)

Course Location (City/Town)

County

Phone number

Alternate Phone

Gender: Male Female

I certify that the above information is true and accurate. If the Department determines that the licensure, permit or certification was obtained through error or fraud, it may deny or revoke said license secured or permit or certification pursuant to HFS 110.08 (1)(b).

Signature

Date