

PERRY MEMORIAL HOSPITAL
Emergency Medical Services
EMT-B Class Registration

ALL EMT-B CANDIDATES MUST BE 18 YEARS OF AGE AND HOLD A HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED) TO SIT FOR THE STATE EXAM.

NAME

Last

First

Middle Initial

STREET ADDRESS

PO BOX

CITY

STATE

ZIP CODE

TELEPHONE

HOME

WORK

E-MAIL ADDRESS

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HIGH SCHOOL GRADUATE YES _____ NO _____ (provide copy)

GED EQUIVALENCY YES _____ NO _____

Are you affiliated with an ambulance service? _____ If so, which one?

Why are you interested in becoming an EMT-B? _____

Preference: Day class _____ OR Night Class _____

SIGNATURE

DATE