



OhioHealth
Emergency Medical Services
 Franklin County Firefighters
 Grant Medical Center
 EMS Education
 393 East Town Street, Suite 250
 Columbus, Ohio 43215
 (614) 566.9111 fax | 566-8359

EMS Education Application

emseducation@ohiohealth.com
 ohiohealthems.com

**Section below is for ALL prospective students
 Please Print Clearly or Type**

Last Name		First Name		Middle Name	
Other name(s) that may appear on official documents				Preferred Name	
Social Security Number					
Street Address					
City			State		Zip
Cell Number		Home Number		Work Number	
Email Address				Military Service: Branch _____ Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran <input type="checkbox"/>	
Employer			Duties		
Employer Address					
City			State		Zip
Driver's License Number		Status		Expiration Date	
Highest level of education completed, including degree and institution if appropriate					
Name of Emergency Contact 1			Relationship		Contact Number
Name of Emergency Contact 2			Relationship		Contact Number
Have you applied for EMS training before?		If yes when and where?		Shirt Size	

Section below is for prospective EMT Refresher and Paramedic Students ONLY

EMT Certification Obtained from		EMT Certification Number	Expiration Date
National Registry Number	NR Expiration Date	BLS HCP Certification #	BLS Expiration Date

Section below is for prospective Paramedic Students ONLY

College Level A&P Course Completed	Specify class preference, 1 through 4 (4 being the least) 1 Unit _____ 2 Unit _____ 3 Unit _____ Night _____
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I attest that all provided is true an accurate to the best of my knowledge and I understand that a false statement on this application constitutes falsification of documents as stated in the student manual and will result in disqualification from the EMS Education program.

Applicant Name	Initials	Date
Applicant Signature	Class Requested (EMT & EMT Refresher ONLY)	

Priority I Status, complete the section below (For FCFA Members Only)

I certify that this applicant is an active member of the (Fire Department Name) _____
_____ and I approve this application.

Signature of Chief or EMS Officer	Contact Number
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FOR OFFICE USE ONLY

Date Application Received	Interview Date
Admitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Class #