



ELKHART GENERAL HOSPITAL

EMS EDUCATION

Course Registration/Application

PERSONAL INFORMATION

Last		First		Middle
Age	Date of Birth	Drivers License/State I.D. Number	Social Security #	
Street Address				
City		State	Zip	
E-Mail	Phone	Cellular (alternate)		

EMS EDUCATION/CERTIFICATIONS/LICENSURES

Training Institution	Certification	Date	Certification/License #	State	Expiration Date

EMS AFFILIATIONS/WORK EXPERIENCE

Agency	Supervisor	Dates of Service

Have you ever had an EMS certification/license from any state revoked? Yes No

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

EMERGENCY CONTACTS (List at least two)

Name	Relationship	Contact Number(s)

FORMAL EDUCATION

High School/GED	Location	Dates
College/Technical School		
Other		

PLEASE PROVIDE THE FOLLOWING DOCUMENTS

- Current TB Test if available
- EGH Immunization Record Form
- Copy of current certifications
- Copy of Drivers License/State I.D.
- Copy of High School Diploma/GED

Please Circle Course Requested and Associated Course Fee

(A \$25 fee will be added if payment is not paid in full at the beginning of the course)

MFR \$225 EMT \$675 EMT-BA \$500

EMT-I \$900 Paramedic \$3500

OFFICE USE ONLY

Payment Type	Cash	Check #	Date Received	Amount Received

By signing below, I verify that the information contained in this application and all supporting documentation is true and correct to the best of my knowledge. I understand that any false statement on this application, forgery of signatures, or falsification of documentation are grounds for immediate termination from the application process or program. I further understand I am responsible for submission of course payment.

Signature _____ Date _____

MAIL APPLICATION TO:
 Elkhart General Hospital EMS Education
 600 East Blvd
 Elkhart, IN 46514

DROP OFF APPLICATION AT:
 EGH Health and Education Center
 2222 Rieth Blvd
 Goshen, IN 46526