



EMS Class Application Request Form
If you would like further information or
an application to one of our EMT-Basic,
EMT-Basic Advanced or Paramedic
Courses

Please fill out and return the form below

Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____

Course interested in Please Circle one
EMT-B EMT-B-A EMT-P

Please mail all forms to
600 East Blvd
Elkhart, IN 46514
Attn: EMS Department
523-3291