



### General Application for EMS Certification Programs

- Please check:  Emergency Medical Responder  Emergency Medical Technician  
 Advanced Emergency Medical Technician  Paramedic  
 Emergency Medical Technician Refresher  Transition to AEMT

Expected Course Start (month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Please check: Day Course:  Evening Course:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

For EMT applicants only:

- Date of High School Graduation OR GED: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Are you a member of a Vermont-licensed EMS agency? Y / N
- If yes, Agency Name: \_\_\_\_\_ Date active duty began : \_\_\_\_/\_\_\_\_/\_\_\_\_
- BCLS CPR Certification exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **(Include a copy of your current BCLS CPR certification with this application.)**
- Do you have prior training or experience in EMS? Y / N  
If YES, please list on reverse side (or attach separate sheet) prior EMS training and experience.

For AEMT applicants only:

- Vermont EMT Certification No. \_\_\_\_\_ **(Include a copy of your current EMT certification and a letter of support from a VT-licensed EMS organization.)**
- Attach Copy of IREMS Entrance Exam Score.

For Paramedic applicants only:

Include the following with this application:

- A letter of intent,
- A current resume,
- Copies of all current EMS certifications,
- Letters of support from a VT-licensed service, medical director, and one other professional reference.

For AEMT and Paramedic applicants only:

- EMS Service Affiliation: \_\_\_\_\_
- Date active duty began: \_\_\_\_/\_\_\_\_/\_\_\_\_

(See reverse side of application.)



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I certify to the best of my knowledge that the information provided on this application is current and correct. I also understand that this EMS course can be a labor-intensive experience. It requires the student to invest time in and outside the classroom. I have considered this prior to registering for the course.

**Applicant's Signature:** \_\_\_\_\_

**The following should be completed by the sponsoring agency:**

I attest that the above candidate is an active member of this organization and has the approval of this organization to enroll in this EMS course. I have discussed the time issue with the candidate regarding the fact that the course can be labor intensive. The conversation included the commitment needed by the student and any resources available by the sponsoring agency towards the successful completion of this course.

**Name: (print)** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT: One of the following MUST be provided when submitting application:**

**For all applicants,**

\_\_\_ Service check

\_\_\_ Service purchase order or purchase order number

\_\_\_ Personal check

***Applications must be complete and include appropriate signatures, required documentation listed above, and course fee (checks made out to "IREMS"). Please send to:***

**IREMS, University of Vermont, P. Malone, 665 Spear St., Burlington, VT 05405**