## Region IX PARAMEDIC TRAINING COURSE APPLICATION

## PLEASE TYPE OR PRINT LEGIBLY

. 22, 132 2	TO THE LEGICAL	• •					
STUDENT INFORMATION							
Name:			Phone:				
Address:		Apt:	Date of Birth:				
City:			Social Security #:				
State:	Zip Cod	le:	County:				
Email Address:							
Employer:							
Address:			Phone:				
Current Occupation:							
			ipts must be submitted to pri d to Waubonsee Community (				
High School Education			Year Graduated:				
School Attended:							
Address:							
Undergraduate Educat	tion		Years Completed:	1 2 3 4			
College Attended:			Degree Earned:				
Address:			Date:				
<b>Graduate Education</b>			Years Completed:	1 2 3 4			
College Attended:			Degree Earned:				
Address:			Date:				
Other Education			Diploma/Certification	n earned:			
School Attended:							
Address:			Date:				
		T-B/I INFORMATIO -B/I license must be included					
Training Site:			Date Completed:				
EMT Employer:							
Address:							
Type of Provider:	Private	Municipal	Volunteer				
Your Status:	Full Time	Part Time	Paid on Call	☐ Volunteer			
Date of Hire/Active EM	T-B/I Service:	From:	To:				

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LICENSING ACTION AND FELONY STATEMENT						
Yes No	Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?					
☐ Yes ☐ No	Have you ever been convicted of a felony?	P				
If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.						
	OUT OF SYSTEM COURSE					
	This section must be completed ONLY when you	are attending a	an out of system	course.		
To be completed by						
Reason for not atte	nding primary system course:					
To be completed by Primary EMS System Coordinator:						
I hereby confirm that	is a member of			and is a		
participant in the	EMS System. I am aware that			_ is applying for		
acceptance into the S	outhern Fox Valley EMS System Paramedic Training I	Program. I appro	ove of this applica	tion and agree to		
	o obtain his/her field internship requirements riding i					
		n this system mi	eeting the require	ments set forth by		
the Southern Fox Vall	ey EMS System Paramedic Training Program.					
Signature of EN	1S System Coordinator		Date			
APPLICANT AGREEMENT						
Have you ever appl	ied for a paramedic training course before?	Yes	□No			
If yes, Site:		Date:				
Reason for not atte	nding:					
Have you ever atte	nded a paramedic training course before?	Yes	□No			
If yes, Site:		Date:				
	pleting program:					
I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Training Course.						
Signature of Applica	ant:		Date: _			