

**Marquette General Health System  
School of Emergency Medical Technology**



**EMT-Specialist Course Application**

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Circle highest level of education completed: High School 1 2 3 4 GED

Voc. Tech. \_\_\_\_\_ (Please specify) \_\_\_\_\_

College 1 2 3 4 Type of Degree \_\_\_\_\_

Other: \_\_\_\_\_ (please specify)

**\*Deadline for applications August 22, 2008\***

**Applicants who meet the following criteria will be fully considered on an individual basis for admission.**

**Admissions criteria:**

1. Must submit a completed application no later than **August 22, 2008**.
2. You must possess a current Michigan EMT-B license or National Registry EMT-B certification or higher.
3. You must possess current AHA or Red Cross CPR (Provider/AED) certification.
4. Provide proof of high school graduation or equivalent.
5. Provide proof of being at least 18 years of age.
6. Your Physician must verify, at your expense, that you meet the minimum physical standards required for the profession of EMT-Specialist. These include, but are not limited to:
  - Your ability to:
    - Frequently lift and carry objects weighing 125 pounds or more.
    - Stand, climb, balance, stoop, kneel, crouch, or crawl for extended periods of time and / or on uneven terrain.
    - Hear audible sounds.
    - Grasp and hold objects for an extended period of time.
    - Demonstrate good motor coordination (coordinate hand – eye movement).
    - Withstand varied environmental conditions.
    - Demonstrate excellent communication skills
7. You may be asked to complete a personal interview with an admissions committee.
8. You must possess a valid Drivers License.
9. The Applicant must provide proof of the following immunizations:
  - Hepatitis B series (HBV) (HBV series must be started, or completed prior to the first night of class)
  - Current TB test (within 1 year)
10. You will be required to submit to a Criminal Background Check with acceptable results (complete the attached form).

**\*Deadline for applications August 22, 2008\***

**Additional Admissions Information:**

Answer the following questions: (Circle your answer) (Please, explain any “YES” answers. Use additional paper if necessary)

- 1) Have you ever been convicted of, or are you awaiting trial for a felony or misdemeanor? YES/NO
  
- 2) Have you ever been convicted of reckless driving or driving under the influence of alcohol? YES/NO
  
- 3) Have you ever been convicted of possession, or manufacturing or distribution of illegal or illicit drugs? YES/NO

**NOTE:** If you answered “YES” to any of the above questions, it may affect your eligibility for employment and/or your licensure/certification eligibility in the State of Michigan and/or with the National Registry of Emergency Medical Technicians.

What do you plan to do with this training? (Please check all that apply)

EMS Career  EMS Agency  Fire Department  Career Building  In a Hospital or Clinic  
 Other \_\_\_\_\_(Please Specify)

Do you plan to volunteer for a local EMS agency?  Yes  No If yes, what service? \_\_\_\_\_

Have you contacted the Service Director yet?  Yes  No

Do you intend to utilize this training locally? (Within the Upper Peninsula)  Yes  No

**\*Deadline for applications August 22, 2008\***

**To complete your application, please attach the following:**

1. Clear and readable copy of current CPR card (Front and Back)
2. Clear and readable photocopy of valid drivers license (Front and Back)
3. Current Michigan EMT-B license or National Registry Certification-Basic (or higher).
4. Verification of current TB (with-in 1 year) and HBV vaccinations.
5. Verification of minimum physical standards from *your* Physician.
6. Verification of High School completion or equivalent.
7. Criminal Background Check.

**Incomplete applications will not be considered.**

Marquette General Health System, School of Emergency Medical Technology is an equal opportunity institution and does not discriminate with regard to race, color, religion, sex, age, or national origin. We participate with the “Americans with Disabilities Act of 1992” and will provide accommodations with accordance of the law.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit application to:  
**School of Emergency Medical Technology**  
**Marquette General Health System**  
**580 W. College Ave.**  
**Marquette, MI 49855**

**\*Deadline for applications August 22, 2008\***

## NOTICE/AUTHORIZATION FOR BACKGROUND SEARCH

In connection with my participating in the School of EMT Program at Marquette General Health System/NMU, I understand that Marquette General Health System will conduct an investigation of my background including a criminal history check

I am aware that the background investigation will include a criminal history check and may also include information regarding my prior employment, driving record (if relevant to the job), civil history, character, general reputation, personal characteristics, or mode of living.

By providing the information requested below and signing this Notice/Authorization, I authorize Marquette General Health System to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature Marquette General Health System and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered a volunteering position, my volunteering will be contingent upon me successfully passing, in Marquette General Health System's discretion, any investigation conducted by Marquette General Health System. I further authorize Marquette General Health System to supply my volunteer record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

I acknowledge that a facsimile or photographic copy of this signed Notice/Authorization will be as valid as the original.

Print Last Name, First Name & Middle Initial	Any other previous name that you have worked or attended school under.	Social Security Number
Driver's License Number/State	Date of Birth	Sex: <input type="checkbox"/> Male Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Female <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Unknown or Other _____

Current Address: \_\_\_\_\_

Former Address: \_\_\_\_\_  
(list all within 15 years)

Former Address: \_\_\_\_\_  
(list all within 15 years)

Former Address: \_\_\_\_\_  
(list all within 15 years)

Former Address: \_\_\_\_\_  
(list all within 15 years-use back if necessary)

\_\_\_\_\_  
Signature Date

**\*Deadline for applications August 22, 2008\***