

**School of Emergency Medical Technology
Medical First Responder
Course Application**

APPLICATIONS ARE DUE: 8/17/07

Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Occupation: _____ Birth Date: _____

Social Security Number: ____ - ____ - ____ Driver's License #: _____

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)

***Tuition is \$600.00 with NR EMT and State Licensing Fees being the additional responsibility of the student.**

Incomplete applications will not be considered.

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

Admissions criteria:

1. You must be a High School graduate or GED equivalent (before course completion).
2. You must be at least 18 years old (before course completion).
3. You must meet the minimum physical standards required for the profession of Medical First Responder. You will need to be able to:
Frequently lift and carry objects weighing 50 pounds or more, must be able to stand, stoop, kneel, crouch, or crawl for extended periods of time, hear audible sounds, grasp and hold objects for an extended period of time, and have good motor coordination (coordinate hand – eye movement)
4. You may be asked to complete a personal interview with an admissions committee.
5. Prior to the participation in the clinical setting, the student must provide proof of the following immunizations:
Hepatitis B series (HBV) and Current TB test (Within 1 year of application) **(Do not submit with application)**

Please answer the following additional admissions questions:

Have you ever been convicted of, or are you awaiting trial for a felony? YES NO

Have you ever been convicted of reckless driving or driving under the influence of alcohol? YES NO

Have you ever been convicted of drug possession or distribution? YES NO

If you answer "YES" to any of the above questions, it may affect your licensure eligibility in the State of Michigan. Please contact the Course Coordinator for further guidance.

What do you plan to do with this training?

Continue my EMS training Volunteer Local EMS agency Career Personal use Local Fire Dept.

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

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: _____

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Submit application to:
School of Emergency Medical Technology
Marquette General Health System
580 W. College Ave.
Marquette, MI 49855
(906) 225-7590
1-800-562-9753 ext. 7590

**If you will be sponsored by an EMS agency licensed in the State of Michigan please
have the authorized sponsor representative complete the following.**

TO BE COMPLETED BY THE SPONSORING AGENCY

Name of individual to be sponsored: _____

Name of sponsoring agency: _____

Name of direct supervisor: _____

Address: _____ Phone _____

City: _____ State: _____ Zip: _____

This applicant is approved and will be sponsored for the Marquette General Health System, School of Emergency Medical
Technology Medical First Responder Program.

Authorized Official Signature*: _____ Title: _____

*Must be of governing body (i.e. Township Supervisor, Mayor, City Manager)

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