



**School of Emergency Medical Technology  
Gwinn EMT-B Matriculation  
Course Application**

**APPLICATIONS ARE DUE FOR CONSIDERATION BY: 10/25/06**

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

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: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Former Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**\*Tuition is \$850.00 with NREMT and State Licensing fees being the additional responsibility of the student.**

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.

**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 Emergency Medical Technician. 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 the last year) **(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 site coordinator for further guidance.

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)

**What do you plan to do with this training?**

- Continue my EMS training  Volunteer Local EMS agency  Career  Personal education  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

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

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 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 Emergency Medical Technician Program.

Authorized Official Signature\*: \_\_\_\_\_ Title: \_\_\_\_\_

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

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