

**EMT BASIC  
APPLICATION FOR TRAINING AND CERTIFICATION**

**Application Date:** \_\_\_\_\_

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**Last Name**

**First Name**

**Middle Name**

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**Mailing Address**

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**Contact Phone**

**Email Address**

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**Are you presently affiliated with a Wyoming Ambulance or Fire Service? Yes\_\_\_ No\_\_\_**

**Name of Affiliated Service:** \_\_\_\_\_

**Address of Service:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**In one page or less (typed) please describe your:**

- a. EMS background (work, volunteer experience, etc)
- b. Plans for using your EMT certification
- c. How completion of an EMT class will benefit your community

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**Crimes Against a Person, Felony Statement and Licensing Action:**

**Have you ever been convicted of a crime against a person? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you ever been subjected to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you answered “yes” to any question above, you must provide official documentation of current status and disposition of the case.**

**I certify that all statements made on this application are true and correct. False statement may result in removal from the course or from taking the National Registry of Emergency Medical Technicians written examination.**

**I authorize the Wyoming Office of Emergency Medical Services to contact agencies as may be necessary to verify this information. This shall also serve as a release for said agencies to provide information to the Wyoming Office of Emergency Medical Services.**

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Candidate Name (Please Print)	Candidate Signature	Date
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