



Office Use Only:
Check/MO #: _____
Amount: \$ _____
Date Cert.: _____
Cert. #: _____
Exp. Date: _____

Emergency Medical Technician Initial Certification Application

Fill in all Blanks that Apply:

Social Security Number: _____ Birth Date: _____ Sex (M/F): _____
 Name: _____
(Last Name) (First Name) (Middle Name) (Maiden Name)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Years of Education: _____ High School Diploma: _____ GED Certificate: _____

Other Education: _____

EMT-Basic Course Number: _____ Instructor Name: _____

Educational Institution: _____

Course Location: _____ Completion Date: _____

Employer: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

All questions on this page must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete. Please circle your answers.

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? Yes No
2. Have you ever been convicted of a misdemeanor or DUI? (If yes, please provide a written explanation and a certified copy of court records.) Yes No
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? (If yes, please provide a written explanation.) Yes No
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? Yes No
5. Have you ever been in default on any school loans? (If yes, please provide a written explanation.) Yes No
6. Have you at any time had your certification(s) or registration(s) as a First Responder, EMT or Paramedic or its equivalent, restricted, revoked, denied, suspended or expired in the Commonwealth of Kentucky or another state? Yes No
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a First Responder? Yes No
8. Do you have a physical, mental, or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT-B, or Paramedic? Yes No
9. If you marked 'Yes' on any of the above questions, have you reported this to the KBEMS office? Yes No

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant

Date

All returned checks shall be subject to a processing charge in the amount of Twenty-Five Dollars (\$25.00). In addition, any applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050(2)(a). That person shall be sanctioned which may result in a fine, suspension, or license revocation.

300 North Main Street, Versailles, KY 40383 • (859) 256-3565 • Fax: (859) 256-3128 • kbems.kctcs.edu