



For KBEMS Use ONLY

Check/MO #: _____
Amount: \$ _____
Edu Inst #: _____
Issued: _____
Expires: _____

Student Testing Eligibility Form

This section to be completed by Lead Instructor only.

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Course Number: _____ - _____ - _____ - _____ Lead Instructor: _____

Course Starting Date: _____ Course Ending Date: _____

Date student completed all clinical and field internship: _____

Attach the following:

Copy of CPR Card
Practical Skills results
Copy of H.S. Diploma or GED

Copy of ACLS Card (if Paramedic)
Copy of HIV/AIDS Class Certificate
Valid Driver's License

The above name student has successfully passed all requirements of the class listed above and therefore is eligible to begin testing for National Registry.

Signature of Lead Instructor: _____ Date: _____

All returned checks shall be subject to a processing charge in the amount 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.