



<b>For KBEMS Use ONLY</b>
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**APPLICATION FOR PARAMEDIC EXAMINATION AND LICENSURE**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

**EDUCATIONAL INSTITUTION INFORMATION:**

1. Name of Sponsoring Agency conducting the paramedic training course you attended and the city in which it was held: \_\_\_\_\_

2. Name and phone number of Paramedic Course Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name and phone number of Lead Instructor (if different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

**EMT CERTIFICATION INFORMATION:**

1. Are you presently certified as an EMT in the Commonwealth of Kentucky? If 'Yes' please attach copy of card. . . . . Yes No

EMT Basic Certification #: \_\_\_\_\_ State of Certification: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**EMS Employment (if applicable):**

Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

All questions in this section 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.

1. Do you have a high school diploma or general equivalency diploma? If 'Yes', please attach a photo copy. . . . . No Yes
2. Have you completed an American Heart Association ACLS course in the past two (2) years? (If 'Yes', attach a copy of your ACLS card, front and back. . . . . No Yes
3. Do you currently have a valid motor vehicle operator's license? . . . . . No Yes  
 State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. 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? . . . . . No Yes
5. Have you ever been convicted of a misdemeanor or DUI? If 'Yes', please provide a written explanation and a certified copy of court records. . . . . No Yes
6. Have you ever been cited for a moving violation while operating an emergency medical vehicle? If 'Yes', Please provide a written explanation. . . . . No Yes
7. 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? . . . . . No Yes
8. Have you ever been in default on any school loans?, If 'Yes', please provide a written explanation. . . . . No Yes
9. Have you at any time had your certification(s) or registrations (s) as a First Responder, EMT, or Paramedic or its equivalent, been restricted, revoked, denied, suspended, or expired in the Commonwealth of Kentucky or another state? . . . . . No Yes

