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## FIRST RESPONDER INITIAL CERTIFICATION APPLICATION

**Fill in all blanks that Apply:**

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

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

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

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Years of Education: \_\_\_\_\_ High School Diploma: \_\_\_\_\_ GED Certificate: \_\_\_\_\_

Other Education: \_\_\_\_\_

EMT-FR 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 application must be answered. Failure to respond to these questions, this application shall be 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 restricted, revoked, denied, suspended or expired? . . . . . 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? . . . . . 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 fail to provide all information requested on this application.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

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