
Employment Information

Employer: _____ Job Title: _____

Employer Address: _____

Employer Phone: _____

Education/Certification History (Please check all that apply)

Prerequisite Education: Basic CPR _____ Basic First Aid _____ AED _____

Please attach copies of all provider course certifications.

Advanced Education: E.M.T _____ Paramedic _____ Nurse _____ MD _____ Other _____

Please attach copies of all advanced education certifications.

Current Instructor Certification Type: CPR _____ First Aid _____ AED _____ None _____

Name of agencies certified by:

(Please attach copies of all instructor certifications)

_____ Exp. Date: ____ / ____

_____ Exp. Date: ____ / ____

Course Selection and Related Information

Preferred instructor certification class date/location: _____ / _____

Special requests or comments: _____

Signature Required for Processing

Signature attests financial responsibility, ability and willingness to abide by our Contract.

I certify that the above information is true and correct.

Print Name: _____

Signature: _____ Date: _____

Have questions? Call EMS Safety at (800) 215-9555