



Application for EMT-Basic Class

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Please return this form along with a copy of your high school diploma or GED certificate to our headquarters at 5010 Frederick Ave Saint Joseph Mo. 64506. Our Class will be filled on a first come first serve bases.

By signing and dating this form you acknowledge all information is correct.

Sign: _____

Date: _____

Print: _____