

**Region IX
PARAMEDIC TRAINING COURSE APPLICATION**

LICENSING ACTION AND FELONY STATEMENT

Yes No Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?

Yes No Have you ever been convicted of a felony?

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.

OUT OF SYSTEM COURSE AGREEMENT

Note: This section must be completed ONLY when you are attending an out of system course.

To be completed by student:

Primary System: _____

Reason for not attending primary system course: _____

To be completed by Primary EMS System Coordinator:

I hereby confirm that _____ is a member of _____ and is a participant in the _____ EMS System. I am aware that _____ is applying for acceptance into the Southern Fox Valley EMS System Paramedic Training Program. I approve of this application and agree to permit this student to obtain his/her field internship requirements riding in this system meeting the requirements set forth by the Southern Fox Valley EMS System Paramedic Training Program.

Signature of EMS System Coordinator

Date

APPLICANT AGREEMENT

Have you ever applied for a paramedic training course before? Yes No

If yes, Site: _____ Date: _____

Reason for not attending: _____

Have you ever attended a paramedic training course before? Yes No

If yes, Site: _____ Date: _____

Reason for not completing program: _____

I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Training Course.

Signature of Applicant: _____

Date: _____