



EMS Student Registration Form

Student Information

Full Name:

Date of Birth (MM/DD/YYYY):

Social Security Number (last 4 digits only):

Gender (Male / Female / Other):

Mailing Address:

City:

State:

ZIP Code:

Primary Phone:

Alternate Phone:

Email Address:

Emergency Contact Information

Name:

Relationship to Student:

Phone Number:

Alternate Phone:

Program Enrollment

Course Level (check one):

- ☐ Emergency Medical Responder (EMR)
- ☐ Emergency Medical Technician (EMT)
- ☐ Advanced EMT (AEMT)
- ☐ Paramedic
- ☐ Continuing Education / Refresher Course

Program Type (check one):

- ☐ Initial Certification
- ☐ Recertification
- ☐ Skills-Only Session

please return to ems@emergility.com



EMERGILITY® EMERGENCY MEDICAL SERVICES



Education and Certifications

Highest Level of Education Completed (check one):

- ☐ High School Diploma or GED
- ☐ Some College
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

Current Medical Certifications (check all that apply):

- ☐ CPR / BLS Provider
- ☐ EMR
- ☐ EMT
- ☐ AEMT
- ☐ Paramedic
- ☐ Other: _____

Background Information

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations)? ☐ Yes ☐ No
(If yes, please attach a brief explanation.)

Health Information

Do you have any medical conditions, allergies, or physical limitations we should be aware of? ☐ Yes ☐ No
If yes, please explain:

Are you fully vaccinated against Hepatitis B, MMR, Varicella, and COVID-19 (if required)? ☐ Yes ☐ No

Student Agreement

I hereby affirm that the information provided on this form is true and complete to the best of my knowledge. I understand that falsification may result in denial of admission or dismissal from the program.

Signature: _____ Date: _____

Required Attachments:

- ☐ Copy of government-issued ID (driver's license, passport, etc.)
- ☐ Proof of current CPR certification (if applicable)
- ☐ Immunization records (if applicable)
- ☐ Payment authorization form (if required)

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