



Linn County Ambulance District

28600 Highway 11, Brookfield, MO 64628

PH: 660-258-2262 FAX: 660-258-2218



APPLICATION FOR TRAINING CENTER ADMISSION

General Information

Admission to Academic Start Year 2023-2024

Name _____ Social Security Number: _____
Last First M

Date of Birth _____ / _____ / _____ Phone Number _____

E-mail Address _____ Cell Number _____

Address Information

Address _____ City _____ State _____ Zip _____

Personal Information

Gender: ☐ M ☐ F Veteran/ Veteran Dependent: ☐ Y ☐ N Single Parent: ☐ Y ☐ N Marital Status (Optional): ☐ M ☐ S

USA Citizen: ☐ Y ☐ N If no, are you a Lawful Permanent Resident: ☐ Y ☐ N

If you are not a US Citizen or Lawful Permanent Resident, please write your legal US Immigration Visa status:

Attach any supporting documentation on Visa status

Ethnicity:

_____ American Indian or Alaska Native

_____ Asian

_____ Black / African American

_____ Native Hawaiian/ Pacific Islander

_____ White/ Caucasian

_____ White, Non-Hispanic

_____ Black, Non- Hispanic

_____ Other

Educational Background

High School Attended: _____ Graduation Date: _____
Name City State

Official High School Equivalency Certificate (formerly GED)- Date Received: _____ (Copy must be attached)

Programs Offered (Please check the program you wish to enroll in)

____ **EMR** (Emergency Medical Responder)

____ **EMT- Basic** (Emergency Medical Technician)

I give permission for LCADTC to use my photograph/work as part of their promotional materials. Yes ☐ No ☐

Linn County Ambulance District Training Center publishes promotional materials as part of its advertising campaign and community outreach programs. By checking Yes, or by leaving this question unanswered it is determined that you are granting permission to use your photograph/work in various promotional materials.

I give permission to release my LCADTC transcript to prospective employers upon their request. Yes ☐ No ☐

I grant permission for the following parents/guardian to be given information from my files at LCADTC if requested.

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

I understand that as a condition of my acceptance to LCADTC, a criminal background check will be completed.

Student Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Relationship to student: _____

Phone #: _____ Cell #: _____

ENROLLMENT PROCEDURES

1. Set up appointment to tour LCAD, and the program(s) of your choice.
2. Submit Application
3. Have a copy of your official FINAL high school transcript, or State Approved High School Equivalency Test, and any post-secondary transcripts, if applicable, sent to LCADTC.
4. Pass the criminal background check.

