

# APPLICATION FOR ADMISSION

## STUDENT INFORMATION

Name		DOB	
Address			
Phone #		Email	
Agency Affiliation		EMT Number	

## COURSE INFORMATION

Course		Course number	
Start Date		Test Date	

Applications will be accepted on a first-come, first-serve basis. Incomplete applications will not be considered and will not be returned.

You will be notified by mail if the course is cancelled or full.

MAIL COMPLETED APPLICATIONS TO:

Oswego City Fire Department  
 Bureau of EMS Education  
 35 East Cayuga St.  
 Oswego, NY 13126  
 Attention: Course Sponsor Administrator

Office use only

_____ Verification of Membership Received	_____ Proof of Insurance Received
_____ Physical Form received	_____ Learning Contract Received
_____ Immunization Record Received	_____ Clinical Requirements Met
_____ DOH 65 Received	_____ Field Internship Completed
_____ ADA Form Received	_____ Attendance Requirements Met
_____ Text Book Acquired	_____ Final Class Average