

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