

EMERGENCY MEDICAL TECHNICIAN APPLICATION

MUTUAL AID AMBULANCE TRAINING INSTITUTE
561 W. Otterman Street - PO Box 350, Greensburg, PA 15601
Mutual Aid Ambulance Training Institute



Spring 2018

Name: _____

Mailing Address: _____
PO Box, Street City State Zip

I am a legal resident of _____ Social Security No. _____
County

Age _____ Date of Birth _____ (PA Dept. of Health Recommends Applicants be 18)

Employer's Name _____ Address _____

Occupation _____ EMS related? () Yes () No

Phone Number: Residence _____ Cell or Work _____

E-mail Address _____

EDUCATION: (Circle highest level completed) G.E.D. YRS.
High School 9 10 11 12
College 1 2 3 4
Graduate School 1 2 3 4

EMERGENCY MEDICAL CARE AFFILIATION:

Indicate type (e.g. Ambulance, Fire Department, E.R., Rescue, Other)
Name of Organization Location Phone Number Dates
(Non-emergency) (from - to)

Courses Completed	Date Completed	Location	Instructor
Standard First Aid-ARC	_____	_____	_____
Advanced First Aid-ARC	_____	_____	_____
Emergency First Responder	_____	_____	_____
First Aid Instructor - ARC	_____	_____	_____
CPR Instructor	_____	_____	_____
CPR	_____	_____	_____
Vehicle Extrication Training	_____	_____	_____
Other	_____	_____	_____

OPTIONAL DATA: () Male () Female Race _____ Handicapped? _____

Signature

(Must be 16 years or older to qualify for state certification examination)

*Participation in a Mutual Aid Ambulance sponsored program does not imply nor guarantee employment.