

## **Education Program Registration**

Student Inform	
Name:	Date of Birth://
Home Address:	
Employer:	
Sponsor Agency:	
E-Mail Address:	EMS License Number:
Emergency Contact Name:	Relationship:
Emergency Contact Telephone: ()	Social Security Number
Clinical Requirements (due at the start of class):	
<ul><li>☐ TB Evaluation (Within past 6 months)</li><li>☐ Hepatitis B Vaccine Series* or declination form</li></ul>	<ul><li>Physical Exam (form provided)</li><li>Chicken Pox (Varicella) immunity</li></ul>
MMR (Measles, Mumps, Rubella) Immunity	□ 5Panel Drug Screen
□ Flu Shot	☐ Criminal background checks
*Proof of Vaccinations and physical exam are required components of this course, and are not included in tuition cost	
** Medstar will perform a background check on all potential student	ts, a clean record is required for admission to the program
Course Information	
Course: EMT Course	Course Number: <u>02EMT19</u>
Date(s): February 5, 2019	Location: Medstar CLINTON 380 N Gratiot
Tuition / Registration Fees:	OtherFees: Cost of clinical requirements
* \$200 deposit due at registration. \$100 of deposit is non-refundable.  Payment plan requires Tuition Commitment Contract Agreement, available via email: abiliti@medstarambulance.org	
For Internal Use Only  Payment Information	
Date Application Received://	Received By:
☐ Course Verified ☐ Tuition Verified	□ Attached Material Verified
Tuition Received: \$	Other Fees Received: \$ MSA
Payment Form: (circle) CC PO Check #	□ Education Assistance form attached
Payment Posted by:Date://	Roster Entry by:Date://
Other Information:	

## COMPLETED FORM <u>MUST</u> BE SUBMITTED OR MAILED TO:

Medstar Ambulance, ATTN: Education Registration, 380 N. Gratiot, Clinton Twp, MI 48036

There will be a \$100 non-refundable deposit due upon registration. All other monies will be refunded on a pro-rated basis until 14 days after the start of class, no refunds will be given after 14 days.