

THE
Training
 CENTER
of HEALTHFIRST

EMERGENCY MEDICAL RESPONDER (EMR) PROGRAM APPLICATION

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT AND SIGN.

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell/Work Phone _____

Are you at least 16 years of age? _____

Social Security # *(required)* _____ Shirt Size _____

Email _____

In case of emergency, contact:

NAME _____ ADDRESS _____ TELEPHONE NUMBER _____

2010 EMR PROGRAM SCHEDULE

Session I class dates: **Begins:** Wednesday, February 10, 2010
Ends: Thursday, March 18, 2010
Class Time: 4:00PM – 8:30PM

Week 1: Wed. 2/10 and Fri. 2/12	Week 4: Mon. 3/1 and Thurs. 3/4
Week 2: Tues. 2/16 and Thurs. 2/18	Week 5: Tues. 3/9 and Fri. 3/12
Week 3: Mon. 2/22 and Wed. 2/24	Week 6: Mon. 3/15 and Thurs. 3/18

**LOCATION: CLASSES WILL BE HELD AT THE TRAINING CENTER
 OF HEALTH FIRST, RIVERCREST PROFESSIONAL CENTER.**

Have you ever been convicted of a felony or misdemeanor other than traffic offenses? If you are uncertain of an offense, please list and explain. YES NO If YES, please explain:

Are you eligible to work in the United States? YES NO If NO, please state country and visa status:

How did you hear about Health First Training Center?

The information given in this application is true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____

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Please include the following with this application:

- Signed Student Enrollment Agreement
- Picture Identification (Florida Drivers License or Government issued photo ID)
- Copy of Social Security Card
- Copy of High School Diploma or GED
- If currently attending high school, letter from administration evidencing GPA of 2.5 or higher
- Application Fee (non-refundable) of \$35.00
- Tuition Payment of \$250.00. (refer to Student Enrollment Agreement)

This constitutes a complete application. Only complete applications will be considered. The Faculty of the Training Center will contact you regarding your acceptance into the program.