



# Shelby County EMS

## Application for Emergency Medical Technician Course



Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
(city) (state) (zip)

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Are you currently a member of a Fire Department (paid or volunteer)? YES NO

Name of Agency: \_\_\_\_\_

Briefly describe any previous medical training: \_\_\_\_\_

High School Diploma or GED? YES NO

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever been convicted of any criminal violation (not including traffic violations)? YES NO

If yes, describe: \_\_\_\_\_

Have you ever had a medical certification revoked? YES NO

If yes, describe: \_\_\_\_\_

Do you one of the following CPR cards that is valid through at least January 2027: YES NO

American Heart Association BLS Provider OR American Red Cross Professional Rescuer

*If no, SCEMS will offer an American Heart Association BLS Provider Course Monday, August 10<sup>th</sup>  
This will be an additional \$60.00 paid on the night of the CPR course.*

**EMT Course Fee: \$1,000.00.** This amount must be paid in full no later than August 17, 2026 in order to attend the course. Payment shall be in the form of a check payable to **Shelby County EMS Training**.

By signing below, you acknowledge that the above-listed information is correct. Intentionally providing false information on this application is grounds for rejection of your application or removal from the course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applications are due back to Shelby County EMS no later than June 30, 2026.**