

**UP HEALTH SYSTEM MARQUETTE
SCHOOL OF EMERGENCY MEDICAL TECHNOLOGY**



EMS Education Course Application

Applying for (Select One): **Medical First Responder (MFR) Program** _____
Emergency Medical Technician (EMT) Program _____ **Advanced Emergency Medical Technician (AEMT) Program** _____

Name (Last, First, Middle): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone (____) _____ - _____

Employer: _____

Occupation: _____

Social Security Number: _____ - _____ - _____ In case of emergency, notify: _____

Phone Number: (____) _____ - _____ Relationship: _____

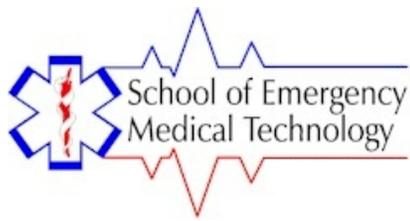
Circle highest level of education completed: High School 1 2 3 4 GED

Voc. Tech. _____ (Please specify)

College 1 2 3 4 +

Type of Degree _____ (Please specify)

Other: _____



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Applicants who meet the following criteria will be fully considered on an individual basis for admission.

Admissions criteria:

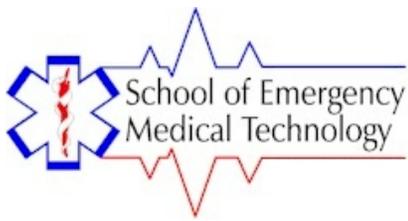
- Must be 18 years of age
- Must have a high school diploma or GED certificate- students requiring assistance in attaining this requirement can locate the contact person for Region 1: Adult Education Programs offered through the Michigan Workforce Development Agency at: <https://www.michigan.gov/wda/0,5303,7-304-64362-395180--,00.html> .
- Valid, Government-Issued ID
- You must be capable of meeting the Essential Requirements for the profession of Emergency Medical Services.
- You may be asked to complete a personal interview with an admissions committee.
- You must have reliable internet and email access throughout the program.
- The Applicant must provide completed School of EMT forms.
- You will be required to submit to a Criminal Background Check based on the applicant’s social security number, with acceptable results to continue in the program upon receipt of the results by the School. You are also required to provide the results of the completed Criminal Background Check to the School of EMT to be maintained as part of any current student’s active file. (Results of a Background Check that are consistent with felony or misdemeanor convictions as identified in MCL 400.701 to 400.737, including 34(b) and 34(c), may result in disqualification for participation in the education program.)
- Must submit an approved UPHS Drug Screen at your own expense with acceptable results to continue in the program upon receipt of the results by the School **within 30 days** of course start date. You are also required to provide the results of the completed UPHS Drug Screen to the School of EMT to be maintained as part of any current student’s active file. (Please call Occupational Medicine 225-4555)
- Course participation requires the submission for verification of completion to the School of EMT official documentation of the following vaccinations/health examinations:
 - **Hepatitis B Vaccine**
 - The series must be initialized before the student may begin any clinical. **There is no waiver of this vaccination requirement.**
 - **TB Testing**
 - The student must receive the TB test, or chest x-ray from an approved Public Health source, and provide proof of annual testing for each year enrolled in any EMS Education Program. The student must provide proof of these requirements that will remain current (within 1 year of the last day of the course).
 - **School of EMT Health Examination Report**

Have you ever been convicted of, or are you awaiting trial for a felony? YES NO

Have you ever been convicted of reckless driving or driving under the influence of alcohol? YES NO

Have you ever been convicted of possession, or manufacturing or distribution of illegal or illicit drugs? YES NO

**If you answer “YES” to any of the above questions, it may affect your licensure eligibility in the State of Michigan and with the National Registry of Emergency Medical Technicians.*



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Location you would like to attend; 1st Choice _____ 2nd Choice _____

What do you plan to do with this training?

Volunteer Local EMS agency EMS Career Personal use Local Fire Dept. Other _____

Do you plan to volunteer for a local EMS agency? Yes No if yes, what service? _____

Have you contacted the Service Director yet? Yes No

Incomplete applications will not be considered.

Marquette General Health System, School of Emergency Medical Technology is an equal opportunity institution and does not discriminate with regard to race, color, religion, sex, age, or national origin.

Submit application to:

**School of Emergency Medical Technology
Attn: Katrina Rushford
580 W. College Ave.
Marquette, MI 49855**

