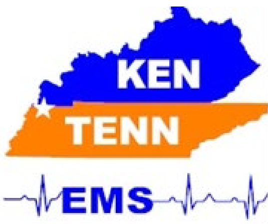

KenTenn EMS
105 Nolan Ave.
Fulton, KY 42041
(270) 208-1000
www.ktems.org

EMT – BASIC PROGRAM APPLICATION

Applicant Information (Please print legibly)

Last Name: ______________________________ First Name: __________________________________

Middle Initial: _________ Preferred Name (for Badge): ____

Social Security Number: __________________________ Date of Birth: ___________________________

Mailing Address: ____

City: __________________________________ State: ______________ ZIP: __________________

Phone Number: ( ) - Email: ______________________________________

Highest Level of Education Completed, including degree, institution, and date completed:

____

Name of Emergency Contact: ____

Emergency Contact Phone Number(s): ( ) - ( ) -

Applicant Questionnaire

Are you currently employed? If yes, provide the name of your employer and days/shift/hours worked:

____

____

Do you have access to a computer, camera, and internet for class purposes AND reliable means of travel to and from class/clinical locations?

____

Community / Volunteer Experience:

____

____

____

What are your long-term career goals? How do you plan to serve your community as an EMT?

____

____

____

____

____

____

Applicant References (Please do not list relatives)

Name: ______________________________ Address: ______________________________

Relationship: ______________________________ ______________________________

Phone Number: (_____) _____-_____ Email: ______________________________

Name: ______________________________ Address: ______________________________

Relationship: ______________________________ ______________________________

Phone Number: (_____) _____-_____ Email: ______________________________

Name: ______________________________ Address: ______________________________

Relationship: ______________________________ ______________________________

Phone Number: (_____) _____-_____ Email: ______________________________

Agency Affiliation (Optional – to be completed by Agency Representative)

Agency Name: ______________________________

Contact Name: ______________________________ Title: ______________________________

Address: ______________________________

City: ______________________________ State: ______________ ZIP: ______________

Phone Number: (_____) _____-_____ Email: ______________________________

Length of time applicant has been associated with agency: ______________________________

____

Will the agency be providing financial support for applicant? Please explain.

____

____

Reason(s) for recommending applicant for certification: ______________________________

____

____

____

____

____

____

____

Agency Official Signature: ______________________________ Date: ______________

Criminal Background

Have you ever been convicted of a felony, pled guilty to a felony, or participated in a diversion program for a felony? If yes, please explain:

____

____

____

By submitting this application, I give Twin City Ambulance Service, Inc. DBA KenTenn EMS permission to submit your information to the Commonwealth of Kentucky to perform a background check for the purpose of program acceptance and certification eligibility. Failure to accurately provide the information requested may result in prosecution under KRS 523.100. Furthermore, I understand that this background check will not suffice for the Kentucky Board of Emergency Medical Services for licensure purposes. I attest that I will obtain the required background check at my expense if I wish to obtain licensure following the course completion.

Student/Legal Guardian Signature: ________________________________ Date: __________________

Hepatitis B Vaccination Immunization Information

Hepatitis B Virus (HBV) is a serious disease caused by a virus that attacks the liver. The virus is primarily spread to health care workers through contact with infected blood or other body fluids. Health care workers have three (3) to five (5) times the risk of the general public of acquiring HBV. The Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) recommend vaccination of all health care workers. I understand that due to the probable exposure to blood and/or other potentially infectious materials during my training with KTEMS Academy and as an employee in the health care field that I may be at risk of acquiring the Hepatitis B Virus (HBV). I acknowledge my opportunity to obtain vaccination for HBV at my own expense. Choosing to decline vaccination will continue to put myself at risk for acquiring HBV. I understand that I may change vaccination decision at any point, in which I will be responsible for supplying vaccination records to KTEMS Academy.

Please check beside the appropriate statement indicating your current HBV vaccination status.

_____ I have already been vaccinated against Hepatitis B and will provide proof to KTEMS Academy.

_____ I will immediately begin obtaining the entire series of Hepatitis B immunizations prior to any clinical rotation or other activities involving patient care and will provide these to KTEMS Academy. Completion of the Hepatitis B series takes approximately (6) months to complete.

_____ I choose NOT to obtain the Hepatitis B immunizations. I acknowledge that my decision not to obtain vaccination may affect my ability to participate in certain clinical activities and may have bearing on the status of admission into KTEMS Academy programs.

Student/Legal Guardian Signature: ________________________________ Date: __________________

Student Attestation

By signing below, I attest that all information provided on this application is complete and accurate, to the best of my knowledge. Withholding or providing false information will render me ineligible for course completion. Should any of the information provided change, I agree to inform my instructor and/or the KTEMS Academy Program Coordinator. Furthermore, I give permission for Twin City Ambulance Service Inc. DBA KenTenn EMS to disclose all academic information to my sponsoring agency/organization (if applicable), such as grades or disciplinary actions, at any point during the course. My signature also confirms that I have read and accepted the supporting materials (pages 1-4) provided in the application packet.

Student/Legal Guardian Signature: ________________________________ Date: __________________

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net

The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a $25.00 fee **(check or money order)**. If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a $25.00 fee **(check or money order)**.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: ______________________ DLN: ______________________

NAME: ____

MAIDEN NAME(S) AND/OR ALIAS: ______________________________

DATE OF BIRTH: ______________________

STREET ADDRESS/P.O. BOX: ______________________________

CITY, STATE, ZIP CODE: ______________________________

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

____
Individual's Signature

____
Date

____
Company

____
E-mail address

____
Requestor/Contact Person

____
Telephone Number

____
Address

____
City, State, Zip

Please denote which purpose applies to this request:

☐ Employment
☐ Criminal Investigation
☐ Screening Housing Applicants
☐ Volunteer/Care over Juvenile
☐ Licensing
☐ Other (please explain) ______________________

____