



EXCELSIOR SPRINGS  
**AREA CAREER CENTER**  
*Your Road to Success*

Excelsior Springs Area Career Center Adult Education  
**Emergency Medical Services Training**  
 Application for Enrollment



Choose one:  EMT-Basic  EMT-Paramedic  Fast Track EMT-B to Paramedic ♦ Start Date: \_\_\_\_\_

\_\_\_\_\_  
 First Name Middle Last Name Maiden/other Name(s)

\_\_\_\_\_  
 Street Address City State Zip Code

\_\_\_\_\_  
 Phone (Main) Phone (Other) Male/Female (M/F) Race Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
 Social Security Number Email Address

\_\_\_\_\_  
 High School City/State Year Graduated **OR** GED Earned (Date)

\_\_\_\_\_  
 College Location Dates Attended Credits Degree Earned

\_\_\_\_\_  
 College Location Dates Attended Credits Degree Earned

\_\_\_\_\_  
 Previous Experience Related to EMS / Firefighter (Include Service/Location/Dates)

\_\_\_\_\_  
 Certificates Earned

\_\_\_\_\_  
**Emergency Contact Person(s)** First & Last Name Relationship to applicant Phone Number 1 Phone Number 2

Images including me may be used for print publications or other electronic/digital promotion of course programs.  
 YES \_\_\_\_\_ NO \_\_\_\_\_

With this completed application, please submit the following to the Adult and Community Education Office:

1. \_\_\_\_\_ Copy of high school diploma or GED certificate
2. \_\_\_\_\_ For EMT-Paramedics – Copy of EMT-B certification/license
3. \_\_\_\_\_ Copy of driver's license or official ID

*I certify the information given on this application is correct and complete. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student at Excelsior Springs Area Career Center, I agree to abide by the rules and regulations regarding conduct and other obligations as set forth in the student handbook.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

Start Date \_\_\_\_\_ REPD (CTEA) Code: 024089 REPSCode (CTEA): 1100 StateID \_\_\_\_\_ Local Student ID \_\_\_\_\_ MOSIS# \_\_\_\_\_ CIP \_\_\_\_\_  
 End Date \_\_\_\_\_ CTE Program: 0510 (Med) NonTrad: Yes No Follow-Up Status: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Final Grade: \_\_\_\_\_ %

**Notice of Non-discrimination**

Excelsior Springs School District #40 is an equal opportunity institution. No person shall, on the basis of race, sex, creed, color, disability, be subject to discrimination in employment or in admission to any educational program or activity of the school.