



# KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

2545 Lawrenceburg Road, Frankfort KY 40601  
Phone: 859-256-3565 Fax: 859-256-3128



## Emergency Medical Technician Initial Certification Application

Fill in all Blanks that Apply:

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Years of Education: \_\_\_\_\_ High School Diploma \_\_\_\_\_ GED Certificate \_\_\_\_\_

Other Education: \_\_\_\_\_

EMT-Basic Course # \_\_\_\_\_ Completion Date \_\_\_\_\_ Instructor \_\_\_\_\_

Course Location \_\_\_\_\_ Educational Institution \_\_\_\_\_

Name of Training Agency \_\_\_\_\_

Name of Company Employed by: \_\_\_\_\_ Contact Person \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***All questions on this page must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete.***

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No \_\_\_\_\_ Yes \_\_\_\_\_
2. Have you ever been convicted of a misdemeanor or DUI?  
(If yes, please provide a written explanation and a certified copy of court records). No \_\_\_\_\_ Yes \_\_\_\_\_
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle?  
(If yes, please provide a written explanation). No \_\_\_\_\_ Yes \_\_\_\_\_
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No \_\_\_\_\_ Yes \_\_\_\_\_
5. Have you ever been in default on any school loans?  
(If yes, please provide a written explanation). No \_\_\_\_\_ Yes \_\_\_\_\_
6. Have you at any time had your certification(s) or registration(s) as an First Responder, EMT or Paramedic or its equivalent, been restricted, revoked, denied, suspended or expired in the Commonwealth of Kentucky or another state? No \_\_\_\_\_ Yes \_\_\_\_\_
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No \_\_\_\_\_ Yes \_\_\_\_\_
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No \_\_\_\_\_ Yes \_\_\_\_\_
9. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No \_\_\_\_\_ Yes \_\_\_\_\_

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

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

Date \_\_\_\_\_