

Student Enrollment Form (EMR, EMT)

*Required Information

*Last Name:		*First Name:		*Middle Initial:	
*Street Address:		*City:		*State:	*Zip:
*Phone Number:	*Email Address:			Social Security Number:	
*MN EMS Registration / Certification Number:				Special Instructions:	
*Name of Education Program:		*Program #:			
*Date(s) of Course:					
*Practical Exam Date:					
*Applicant's Signature:		Date:			
* Educational Program Coordinator's Signature:		Date:			
Program Office Use:					
Practical Skills Exam:	Pass	Fail	Date	Comments:	
Pt. Assessment - Trauma					
Pt. Assessment - Medical					
Oxygen Administration by Non-rebreather mask					
BVM Ventilation – Apneic Adult Pt.					
Cardiac Arrest Management/AED					
Random Skill (specify)					
Spinal Immobilization – Supine optional					
Remediation provided? Yes / No If YES - Please Specify:					
Final Written Exam Offered:		Yes/No		Score	
Educational Program Checklist:					
Completed MN OEMS e-licensing Applications:			Yes / No		
Education Program Verification (Third Party Confirmation):			Yes / No		
Prerequisite: NIMS - (ICS 100 & ICS 700)			Yes / No		
Prerequisite: HAZMAT			Yes / No		