



**Schoolcraft Memorial School of EMS**  
**MFR/EMT**  
**Course-2016**

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

Mailing Address: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**(Mandatory)**

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Circle highest level of education completed: High School 1 2 3 4 GED      Shirt Size (Clinical Shirt) \_\_\_\_\_

Voc. Tech. \_\_\_\_\_ (Please specify) \_\_\_\_\_

College 1 2 3 4 Type of Degree \_\_\_\_\_

Other: \_\_\_\_\_ (please specify)

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

**Admissions criteria:**

1. Must submit a completed application no later than 2/22/2016
2. Provide proof of high school graduation or equivalent.
3. Must be at least 18 years of age.
4. You must meet the minimum physical standards required for the profession of EMT.  
(this will need to be verified by a physician at your own expense)  
You will need to be able to:
  - Frequently lift and carry objects weighing 125 pounds or more.
  - Must be able to stand, climb, balance, stoop, kneel, crouch, or crawl for extended periods of time and / or on uneven terrain.
  - Hear audible sounds.
  - Grasp and hold objects for an extended period of time.
  - Good motor coordination (coordinate hand – eye movement).
  - Withstand varied environmental conditions.
  - Should possess excellent communication skills
5. You may be asked to complete a personal interview with an admissions committee.
6. You must possess a valid Driver's License.
7. You must have reliable internet and email access throughout the program.
8. . The Applicant must provide proof of the following immunizations:
  - Hepatitis B series (HBV) (HBV series must be started, or completed prior to the first night of class)
  - Current TB test (within 1 year of start of clinical).
9. You will be required to submit to a Criminal Background Check with acceptable results to continue in the program upon receipt of the results by the School.
10. **Payment to be made in full before or on the 1<sup>st</sup> class night.**

**Additional Admissions Information:**

Answer the following questions: (Circle your answer ~ please explain any “YES” answers. Use additional paper if necessary)

- 1) Have you ever been convicted of, or are you awaiting trial for a felony or misdemeanor? YES NO
- 2) Have you ever been convicted of reckless driving or driving under the influence of alcohol? YES NO
- 3) Have you ever been convicted of possession, or manufacturing or distribution of illegal or illicit drugs? YES NO

**NOTE:** If you answered “YES” to any of the above questions, it may affect your eligibility for employment and/or your licensure/certification eligibility in the State of Michigan and/or with the National Registry of Emergency Medical Technicians.

What do you plan to do with this training? (Please check all that apply)

\_\_\_\_ EMS Career \_\_\_\_ EMS Agency \_\_\_\_ Fire Department \_\_\_\_ Career Building \_\_\_\_ In a Hospital or Clinic  
\_\_\_\_ 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

Do you intend to utilize this training locally? (Within the Upper Peninsula) \_\_\_\_ Yes \_\_\_\_ No

**Please attach the following with your completed application:**

1. Clear and readable photocopy of valid driver's license (front and back)
2. Verification of current TB (within 1 year) and HBV vaccinations.
3. Completed Criminal Background Check form.
4. Verification of minimum physical standards from your Physician

**Incomplete applications will not be considered nor reviewed.**

Schoolcraft Memorial EMS Programs is an equal opportunity institution and does not discriminate against students in regard to race, color, religion, sex, age, or national origin. We participate in the "Americans with Disabilities Act of 1992" and will provide accommodations that are suitable and reasonable within the scope of the EMS course requirements and in accordance with the law.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit application to:

**Schoolcraft Memorial Hospital  
c/o Ed Unger  
7870 W US Hwy  
Manistique, MI  
49854**

**\*Deadline for applications February 22, 2016\***