

A. Personal Data (Type or Print Clearly)

| NAME (Last) | | | (First) | (MI) | |
|--|--|----------------------|-----------------------------------|--|---|
| Address | | (City) | (State) | (Zip) | County |
| Date of Birth / / | Age | Sex | *Applicants who are not citized | Io ens of the United States must ication for international students. | Phone Numbers: Home: () Cell: () Work: () |
| Whom do we notify in an emergency: Name: | | Relationship: | | Email: | |
| Address: | | | Home Phone: | Business Pl () | none: |
| Which EMT Progra How did you hear a | m are you applying for bout out program? | ? | Fall-UPMC East | Summer-CEM | |
| I have a disability th | * | nodations during mat | riculation through the Center for | Emergency Medicine's Prehospit | al Emergency Medicine program? |

B. Education (High School, College, Post-Graduate, Other)

| Name and Address of Institution | Dates Attended | Degree/Diploma/Certification |
|---------------------------------|----------------|------------------------------|
| 1.) | | |
| | | |
| 2.) | | |
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| 3.) | | |
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| 4.) | | |
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Have you ever enrolled in another EMT class? Yes If yes, where and when?

Emergency Medical Services Certification

| State(s): | | Certification Number: | Expiration Date: |
|--------------------------------------|------|-----------------------|------------------|
| Nationally Registered: Yes Level: | No 🗌 | Certification Number: | Expiration Date: |

The Center for Emergency Medicine of Western Pennsylvania, Inc., as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the Center prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, martial status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. This policy applies to admissions, employment, access to and treatment by Center programs and activities. This is a commitment made by the Center and is in accordance with federal, state, and or local laws and regulations.

C. Employment History

| Name / Address & Phone No. | | Title / Date |
|----------------------------|------------------------------|--------------|
| 1.) | Supervisor's Name | |
| | Dates of Employment From: | |
| Phone Number () | To: | |
| 2.) | Supervisor's Name | |
| | Dates of Employment From: | |
| Phone Number () | To: | |
| 3.) | Supervisor's Name | |
| | Dates of Employment From: | |
| Phone Number () | To: | |

D. Related Experience (Include EMS affiliations, Volunteer positions, etc.)

| Name / Address & Phone No. | | Title / Date |
|----------------------------|------------------------------|--------------|
| 1.) | Supervisor's Name | |
| | Dates of Employment From: | |
| Phone Number () | To: | |
| 2.) | Supervisor's Name | |
| | Dates of Employment From: | |
| Phone Number () | To: | |
| 3.) | Supervisor's Name | |
| | Dates of Employment From: | |
| Phone Number () | To: | |

E. References

| Name | Email Address | Phone Number |
|------|---------------|--------------|
| 1.) | | () |
| 2.) | | () |
| 3.) | | () |

F. Personal Statement:

Include other interests and hobbies, honors and/or awards, future goals and the development of your present interest in emergency medicine (attach additional sheet if necessary.)

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Applicant Certification

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements may result in a withdrawal of my application or dismissal from class. I authorize the Center to make an investigation of any facts set forth in this application.

About the Center for Emergency Medicine

The Center for Emergency Medicine of Western Pennsylvania, Inc. is a multi-hospital consortium dedicated to the advancement of emergency medicine through research, education, air medical transport and quality care. Currently, the Center's member hospitals include Children's Hospital of Pittsburgh of UPMC, UPMC Mercy Hospital, and UPMC Presbyterian Shadyside.

OFFICE OF EDUCATION:

The Center's Office of Education provides educational programs to thousands of students each year, including EMTs, paramedics, nurses, physicians, medical students and the lay public. Courses include Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), International Trauma Life Support (ITLS), Emergency Medical Technician, Paramedic, and First Aid. Working with the U. S. Department of Transportation - National Highway Traffic Safety Administration, the Office of Education staff revised the EMT-Basic: National Standard Curriculum in 1994, revised the First Responder in 1995 and the Paramedic and Intermediate Curricula.

STAT MedEvac

STAT MedEvac, a service of the non-profit Center for Emergency Medicine of Western Pennsylvania, Inc., provides medical helicopter transport to patients with critical illness and/or injuries. The organization, which operates seventeen base sites, is directed by our consortium of hospitals.

EMED HEALTH

Emed Health promotes prevention and disease management using emergency medical service (EMS) agencies and their personnel to deliver community, emergency department and home-based prevention and disease management services.