



Memorial Regional Health – Emergency Medical Services
Emergency Medical Technician
Student Application

Applicant Information

Full Name: _____ Date: _____
(Last) (First) (M.I.)

Address: _____
(Street) (Apt/Unit/Trailer)

(City) (State) (Zip Code)

Phone: _____ E-Mail: _____

Are you a Citizen of the United States? Y N If no, are you authorized to work in the U.S.? Y N

Have you ever been convicted of misdemeanor or felony? Y N

If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ to _____ Did you graduate? Y N

College: _____ Address: _____

From: _____ to _____ Did you graduate? Y N

Area of Study: _____ Degree, if applicable: _____

Other Education: _____ Address: _____

From: _____ to _____ Area of Study: _____

Any previous medical experience/training? List any EMS, Fire, or Safety-Related certifications applicable:

Emergency Contact

List your emergency Contact Names, Relationship, and Phone Numbers:

Person 1: _____ Relationship: _____ Phone Number: _____

Person 2: _____ Relationship: _____ Phone Number: _____



Memorial Regional Health – Emergency Medical Services
Emergency Medical Technician
Student Application

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Disclaimer and Signature

1. I verify that I am at least 18 years of age or older.
2. I understand that an initial course deposit in the amount of \$350.00 is due before the first day of class.
3. Total course tuition and fees is \$2,637.00. I understand and acknowledge that the total EMT course tuition in the amount of \$2,637.00 must be **paid in full** at the designated mid-point in the EMT course: (July 15, 2026).
4. All EMT course tuition and fees are non-refundable.
5. My written consent is required to permit a background check completed by the Colorado Bureau of Investigation or Federal Bureau of Investigation prior to the acceptance of my application for certification in Colorado.
6. I certify that all answers are true and complete to the best of my knowledge.
7. I acknowledge and understand that MRH has the right to reject my application and/or discontinue my enrollment in the EMT training program based on my submission of any false or misleading information in my application.

Signature: _____ Date: _____

Parental Signature: _____ Date: _____

(If applicable)

*Payments can be made directly to (Cash or Check Preferred) :

Memorial Regional Health

Attention : EMS

750 Hospital Loop, Craig, CO 81625

(970) 826-3291

Return Application to : Justin.Doubrava@memorialRH.org