

# UVU EMS Agency Application

Application date: \_\_\_\_\_

## Part 1: Demographics and Certifications

Name	
UVU ID	
UVU Affiliation (Student, Staff, Faculty)	
Mailing Address	
Phone Number	
Email Address	

Certification	License No.	Exp. Date
NREMT Certification		
Utah BEMS Certification		
CPR Certification		
Drivers License		

## Part II: Additional Information

1. Describe any EMS experience if any.
2. How did you learn about UVU EMS?
3. Please disclose any condition(s) that may prevent you from full participation in this program.

### **Part III: Fitness and Character Evaluation**

1. Have you ever been convicted of a crime, other than a minor traffic violation that has not been expunged from your record? (Yes/No)
2. Have you ever been disciplined, placed on probation, dismissed, or had a judgement obtained against you in connection with any misconduct matter including educational, personal, professional, military, business, or employment behavior or activity? (Yes/No)

### **Part IV: Previous Experience**

1. Do you have any prior medical experience? (Please explain below)

### **Please Attach copy of the following documents:**

1. NREMT License
2. Utah BEMS License
3. CPR Certification
4. Drivers License