



Peoria Area EMS System
 530 N.E. Glen Oak Ave.
 Peoria, IL 61637
 (309) 655-2113
 www.paems.org

PAEMS System Student Enrollment Form

SECTION 1

Personal Information

(PRINT) Name: _____ SSN# _____ - _____ - _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (specify _____): _____

Date of Birth: _____ Driver's License# _____ State: _____

Email: _____

A "yes" answer to any of the following questions does not automatically disqualify you from admission to the *PAEMS System First Responder Course*

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever been suspended from an EMS System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently suspended from an EMS System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently charged with a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Emergency Contact Information

(PRINT) Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (specify _____): _____

CPR Card Information

(Check One)

- AHA - Healthcare Provider Card
 ARC - Professional Rescuer

Exp. Date: _____

I attest that the above information is true and accurate to the best of my knowledge.

 Applicant Signature

 Date

SECTION 2

Course Information

Course Instructor : _____

Course Site-Code : _____ Course Location: _____

The following items **MUST** be added to your file by the end of your course:

- _____ Copy of Driver's License
- _____ Copy of any skills validations required by the PAEMS System
- _____ Complete a Child Support Statement
- _____ Copy of Signed Student Handbook Pages (with 10 day roster)
- _____ Copy of a **current** CPR card
- _____ 10 Day Student Roster
- _____ Final Practical Evaluation Forms
- _____ Final Roster

By only completing Sections 1 and 2, you will be placed in the PAEMS database and receive mailings and continuing education offerings, but **may not** provide patient care. (A temporary file will be created.)

Return Completed Paperwork to:

**Dale Tippett, EMS Education Coordinator
PAEMS System Office
530 N.E. Glen Oak Ave.
Peoria, IL 61637**