



BLS Student Signatures

Enclosed are documents containing information about the EMS program you are about to attend. You will be asked to verify that you have reviewed the information with the Course Coordinator, have had your questions answered and understand the information contained herein by signing this cover form **and individual documents enclosed**.

My signature below indicates that the specific section listed below for the Emergency Medical Responder/First Responder or Emergency Medical Technician program has been read to me. Further, my signature indicates that I read the contents of the specific section for the Emergency Medical Responder or Emergency Medical Technician program and understand the information contained in that section.

Student Name
(printed)

Part I Introduction

Part II Prerequisites for EMS Training Programs, Criminal History and Standards of Conduct

Signature Date Signed Date of Birth – Minimum 16 YO
Signature for this item indicates that I was also provided a duplicate copy of this form.

Part III Course Syllabus

Signature Date Signed

Part IV Expectations for Successful Completion of the Program

Signature Date Signed

Part V Course Fees

Signature Date Signed

Part VI Requirements for National Registry Testing

Signature Date Signed

Part VII Americans with Disabilities Act

Signature Date Signed