

Form: TR-09-A

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 Americans with Disability Act**

Signature

Date Signed

Date of Birth – Minimum 16 years old

Signature for this item indicates that I was also provided a duplicate copy of this form.

**Part III Americans with Disability Act**

Signature

Date Signed

**Part III BLS Certification Testing Process**

Signature

Date Signed

**Part IV PearsonVUE Testing Process**

Signature

Date Signed

**BLS Student Signatures – Last Class**