

## **Willard Fire District EMS Training**

### ***Admissions to First Responder and EMT-B Classes***

The Willard Fire District will admit without discrimination any person to their EMS training programs based on the following standards.

1. Fill out a course application.
2. Must be 17 years of age. (drivers lic., est. with copy)
3. Verification of high school graduation or equivalency shall be in the form of high school diploma or GED (EMT course only). (copy)
4. Must have CPR for Health Care Providers/AED (copy)
5. Complete a written general EMS knowledge test (PSB test, the PSB test will be reviewed by the Fire Chief, Asst. Chief of EMS Division, and the EMS Training Officer). Or in the past, training and completion of EMT-B, or have a college degree of any kind. PSB must be paid at time of test (EMT course only).
6. EMT-B class students must have an oral interview with the program coordinator. The oral questions will be based on general EMS knowledge and will be used to give the instructor the basic back ground level of the student. There is no pass or fail to this interview. This is optional only as needed.
7. Have all financial requirements met priority to or at start of the course .

#### **Please sent the following copies:**

- 1. Drivers License (copy)**
- 2. GED or High School (EMT course only)**
- 3. CPR Card for Health Care Provides AED**
- 4. Class Application**
- 5. \$25 Non Refundable Application Fee (EMT course only)**

After we receive this application you will be contacted for scheduling of the PSB test.

Return to:

David Deck, Asst. Chief  
Willard Fire District  
PO Box 455  
Willard, MO 65781

**Willard Fire District EMS Training**  
*Course Application*

Date: \_\_\_\_\_

<input type="checkbox"/> EMT- B Course, <input type="checkbox"/> First Responder Course, <input type="checkbox"/> CEU Class, <input type="checkbox"/> Other _____
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Name: _____
DOB: _____, SS#: _____
Phones: Cell: _____, Home: _____, Other: _____
Address: _____
City: _____, State: _____, Zip: _____

Emergency contact; Name: _____, Phone: _____
Email: _____
Employer: _____
Fire/EMS Agency: _____

Current Level of Training: <input type="checkbox"/> None, <input type="checkbox"/> 1 <sup>st</sup> Responder, <input type="checkbox"/> EMT-B, <input type="checkbox"/> EMT-P, <input type="checkbox"/> RN, <input type="checkbox"/> Other: _____
Do you need a certificate: Yes <input type="checkbox"/> No <input type="checkbox"/> (CEU class only)