



Wyoming County Office of Emergency Services EMS Training Application

Applicant Name: _____

Home Address: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Last 4 of Social Security: _____

Agency Affiliated With: _____

Existing State EMS Number: _____

Date of Application: _____

Location of Class: _____

Training Requested:

EMR Original

EMR Refresher

AEMT Original

EMT Original

EMT Refresher

AEMT Refresher

CPR Original

CPR Refresher

CME Participation

Other Topic: _____

EMS Captain Signature: _____

Student Signature: _____

Office of Emergency Services Dated Received:

Accepted Into Class

Declined Acceptance into Class