



1609 Northbrook Dr, Suite 8, Normal, IL 61761
Phone: 309.827.4348 Fax: 309.808.4235
www.mcleancountyems.org

2019 LeRoy Fall EMT-B Class

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Drives License or State ID Number: _____ State: _____

Are you currently on an agency?

Yes

No

If yes, what agency: _____

Have you ever been convicted of a felony?

Yes

No

Have you previously been licensed an EMR, EMT or Paramedic?

Yes

No

If yes, what level, when and what state: _____

By signing below, I certify that all information provided by me in conjunction with my application is true and complete to the best of my knowledge and belief. I understand and agree that any material misstatement or omission may constitute grounds for: denial of admittance, summary dismissal from the program, and other disciplinary action by the Mclean County Area EMS System

Authorization and Release

Please read carefully before signing.

I understand and acknowledge that, as an applicant for acceptance into the McLean County Area EMS System First Responder Course it is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current licensure, relevant



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training and/or experience, current competence, health status, character, ethics and any other criteria adopted by the McLean County Area EMS System.

I hereby authorize all individuals, institutions and entities, including but not limited to previous employers, EMS training programs, administrators, EMS medical directors, and EMS coordinators with which I have been associated, government agencies and all professional liability insurers with which I have had or currently have professional liability insurance (including but not limited to claims history/loss run information), etc., who have knowledge concerning information requested in my application, to consult with and release relevant information to the EMS medical director, EMS administrative director, and EMS Director of the McLean County Area EMS System. Such information shall be privileged to the fullest extent permitted by law and the privilege shall extend to the EMS medical director, EMS administrative director, and EMS Director of the McLean County Area EMS System and their authorized representatives.

I hereby fully, absolutely and unconditionally release from liability the McLean County Area EMS System, its staff, its agents, and all other individuals, institutions and entities providing information in accordance with the authorizations contained herein for all their acts performed in good faith and without malice in connection with the investigation of my application and the release and of information authorized above. Such acts include but are not limited to the acts of preparing or completing any verification, evaluations, recommendations, information requests or forms that are provided by myself, or the McLean County Area EMS System. This release shall be in addition to any other applicable immunity provided by law for peer review activities.

I further acknowledge that I have read and understand the foregoing Authorization and Release.

A photocopy of this Authorization and Release shall be as effective as the original.

Payment Information

All payments must be made prior to beginning of class. There will be no refunds for the class after 9/5/2019. If you wish to withdraw your application prior to class beginning, you must contact our office to make a formal request for removal. Refunds will only be given if you withdraw from the course prior to 9/5/2019. Your application is not considered complete until payment is received. Please make checks out to McLean County Area EMS System

Signature

Print

Date

Please return to Sandy Alsman at Salsman@mcleancountyems.org. Your spot is not considered fully reserved until payment is received.