



The **ACADEMY**

South Bay Regional Public Safety Training Consortium
 3095 Yerba Buena Road, San Jose, CA 95135 ♦ Phone (408) 270-6458 ♦ Fax (408) 238-0286

EMT Academy Application / Cover Sheet

Last Name, First Name		Birthdate (mm/dd/yyyy)	Social Security #	
Address		City	State	Zip Code
Email		Cell Phone	Home Phone	
Emergency Contact Name		Relationship to Student	Cell Phone	
Medical Insurance Provider	Policy #	Group #	Member I.D. #	
Interested in Financial Aid?	US Citizen?	California Resident?	Driver's License/I.D. #	

STAFF USE ONLY

	College Application	<input type="checkbox"/>
	Student I.D. #	
	CDL / ID Copy	<input type="checkbox"/>
	Medical Insurance Copy	<input type="checkbox"/>
	Immunizations - Tuberculosis (TB)	<input type="checkbox"/>
	Measles, Mumps & Rubella (MMR)	<input type="checkbox"/>
	Hepatitis B series (started)	<input type="checkbox"/>
	CPR Card (Health Care Provider)	<input type="checkbox"/>
	2 South Bay Patches	<input type="checkbox"/>
	Informed of Cancellation Policy	<input type="checkbox"/>
	Paid:	
	Balance:	
	File Completed / Date:	
	Notes / Comments:	