

(PLEASE PRINT LEGIBLY)

PRE-ENROLLMENT COURSE APPLICATION

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

ORGANIZATION RECOMMENDATION

ORGANIZATION _____

I CERTIFY THAT (STUDENT'S NAME) _____ IS BEING
ENDORSED BY THE ABOVE NAMED ORGANIZATION. AS THE SUPERVISOR, I ENDORSE THE
APPLICANT'S ATTENDANCE IN THIS TRAINING PROGRAM. THIS ORGANIZATION WILL PROVIDE
GENERAL LIABILITY/MEDICAL INSURANCE FOR THE STUDENT IN THE EVENT OF AN INJURY OR
ILLNESS.

SUPERVISOR'S PRINTED NAME _____

SUPERVISOR'S SIGNATURE _____ DATE _____

CLASS ACCEPTANCE

Class size is limited, but also needs a minimum number of registered students. We must have a completed pre-enrollment form in our office, with payment and/or other course requirements, by the date specified on the course announcement. Bensalem EMS reserves the right to reject any and all applications

**** Students for this course MUST be at least 18 years of age by the first day of course ****

**** Students for this course must be ALS providers, EMT-P, PHRN, and above. ****

Seating is restricted QUALIFIED APPLICANTS having submitted completed applications and course fees will be accepted on a first come first serve basis.

SPECIAL INSTRUCTIONS FOR TEMS CLASS

Students must provide a copy of their valid ALS provider card/license with this application.

PAYMENT INFORMATION

Acceptable forms of payment include personal checks, cashier’s check, or money order. Cash is not accepted. Checks should be made payable to **BENSALEM RESCUE SQUAD**. There will be an additional surcharge on any returned checks. Refunds will only be given if the student withdraws from the course before it begins or the course is cancelled.

AFFIRMATION

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that falsified statements on this application may be grounds for dismissal or other action. I authorize investigation of all statements contained herein. I understand and agree that if accepted, my enrollment may be terminated based upon failure to meet course requirements or for conduct that is disruptive to the class.

For and in consideration of being admitted into this training program, I agree to indemnify and hold harmless Bensalem Rescue Squad, its agents and employees of and from any and all claims of any kind. I understand that there are risks of injury and disease inherent to this training program and I assume and agree to accept those risks and I hereby release the Bensalem Rescue Squad and its agents and employees of and from any and all claims for injury or disease sustained by me in the course of the training program.

Federal and State laws prohibit discrimination in acceptance to a course because of race, color, religion, age, sex, sexual orientation, national origin, individual handicap or Vietnam-era veteran status. No question on this application is intended to elicit information for a discriminatory purpose. We are an equal opportunity training institute. Qualified individuals with a disability must be able to perform the essential course functions and requirements with or without reasonable accommodation. The accommodations will be considered upon request. We will not refuse a disabled applicant who is capable of performing the essential requirements for the course with reasonable accommodation.

SIGNATURE _____ DATE _____