

# Verification of Membership and Authorization of entry in to an EMT Class

Student Name: \_\_\_\_\_

EMT Level:  ETT  EMT-1  EMT-2  EMT-3

Class Student is applying for:  ETT-EMT-1 Bridge  EMT-1  EMT-1 Refresher  
 EMT-2  EMT-2 Refresher  EMT-3  
 EMT-3 Refresher  Other: \_\_\_\_\_

Primary EMS Agency: \_\_\_\_\_

Primary EMS Agency Captain, Chief or other authorized agency official signing the affirmation  
on this form

Last Name (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Official's Agency Title: \_\_\_\_\_

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## Personal Affirmation

## Read Carefully Before Signing

I, as an official representative of the primary EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary EMS Service. I further authorize the above named person to participate in Interior Region EMS Council, Inc.'s EMS Class and verify that the student will be covered by our service's worker's compensation plan and Bloodborne pathogen's program.

\_\_\_\_\_  
(Agency Officer's Signature)

\_\_\_\_\_  
(Date)

I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that if any Bloodborne pathogen exposure should occur during this training I will notify my department's infection control officer and take whatever actions the department's exposure control plan specifies.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)