CSUDH

COLLEGE OF EXTENDED AND
INTERNATIONAL EDUCATION

Application: CSU Dominguez Hills EMT Training Program
Documentation and Medical Requirements for EMT Students

Thank you for your interest in the California State University Dominguez Hills EMT Program! Please complete and submit this application, verifying the documentation and medical requirements for the EMT program, and acknowledging the program requirements.

Please view the EMT Training Course website for course details: https://www.csudh.edu/ceie/emt/

Questions
If there are issues gathering the prerequisites, or any other questions, please contact the EMT Training Program, 310-243-3730 or by email, extassist@csudh.edu

Applicant Information
Last Name _____ First Name _____ Date of Birth _____
CSUDH Student ID (if available) _____ Phone Number _____
Email Address _____ Mailing Address _____

Prerequisite Verification (provide copies of the following items):
High School Graduation Date or GED Award Date _____
Driver's License or Identification Number: _____
Negative TB Test Date: _____
AHA CPR-BLS Number*: _____ AHA CPR-BLS Expiration: _____
*If obtaining BLS card through the EMT Preparation Course at CSUDH, provide a copy of Pre-EMT course registration.

Certifying/Acknowledgement Statements:

- I certify that the information submitted in this application is true and correct to the best of my knowledge

- I acknowledge that social security # and criminal background check will be completed prior to registering as an EMT and/or obtaining employment

- I acknowledge that I must meet the attendance, test/quiz score, and ride along requirements outlined on program website in order to pass this course with a grade of CR and become eligible to sit for the National Certifying Exam (NREMT)

- I acknowledge that the EMT Preparation Course is recommended

Student Name _____

Student Signature _____

Date _____

Documentation

Include Copies of the Following:

1. High School Diploma or GED
2. State Identification Card or Driver's License
3. Negative TB Test dated within last six months
4. AHA CPR-BLS Card (front and back) or EMT Preparation Course registration

Application Submission

Submit completed application with copies of required documentation to the Extension Programs, College of Extended and International Education at California State University Dominguez Hills.

Email to extassist@csudh.edu

      or

Submit hard copy to

      Extension Programs

      California Sate University Dominguez Hills

      1000 East Victoria St., EE 1300

      Carson, CA 90747

Staff Verification Section (to be completed by CSUDH)   **Staff Initials**

Above age 18 before last date of class   _____

High School Diploma or GED   _____

State Driver's License or Identification Card   _____

Negative TB Test within last 6 months   _____

AHA BLS-CPR card w/ Expiration date after course end date   _____

      Or

Verification of enrollment in Pre-EMT Course   _____

Certification and Acknowledgement   _____

☐ Approved.   Permission Number: _____

☐ Conditional Approval.   Pending: _____

☐ Not Approved. Outstanding Items: _____