



## EMS Profile Information Sheet

Fill in all personal information as it would appear on your driver's license (or other ID you will present at the testing center.) This is what will appear on certificate (s) after you pass both examinations. Please ensure that all information is **printed legibly with blue or black pen.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

County (residence) \_\_\_\_\_ Region: Chester County EMS Council

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(EMR) 0 or (EMT) 2: 2 EMS CLASS # \_\_\_\_\_

### Please **circle** the best answer for the following questions

Gender: Male Female

Education Level: Less than High School High School Post High School College Graduate  
Other

Race: Caucasian Black Hispanic Asian or Pacific Islander  
American Indian or Alaskan Native Other

Have you ever been certified in Pennsylvania before? Yes No

*If you answered yes, please indicate at what level you were certified and list your certification number below:*

\_\_\_\_\_