



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 Delaware Philadelphia

Phone Number: _____

Social Security Number: _____

(EMR) 0 or (EMT) 2: 0 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:
