

## INSTRUCTIONS FOR COMPLETING STUDENT APPLICATION

This application should be completed in pencil so that any mistakes may be erased completely. Care should be taken to answer all items accurately, filling in the circles and not straying into the circle next to it. When filling in the circles, please take care to not make multiple entities in a column, leaving others blank. In completing the name and address sections, do not fill in unused blocks or circles. **PLEASE PRINT CLEARLY!**

1. **NAME** – There is a separate section for each part of your name (last, first, and middle initial). If you utilize a suffix, complete this part.
2. **ADDRESS** – This is to be the address to which the postal service delivers your mail. Take note that city is a separate section from street, P.O. Box #, or route. Should your street address require more spaces than those provided (25), you must abbreviate the address so that it fits, and is recognizable.
3. **STATE/ZIP CODE** – Use the standard two-letter abbreviation (PA). The basic zip code should be used (5 numbers).
4. **BIRTH DATE** – This is a six (6) digit field. Be sure to use a leading zero (0), when applicable, i.e., 01-09-70, month, day, and year.

5. **REGISTRATION NO.** – This is your DOH certification number, if certified. This section should be left blank if is form being completed by a student in a basic class.

Column A.....(1) If a valid number  
 (2) If an invalid number (dummy number assigned by regional council)

Column B--G .....Enter your six (6) digit DOH certification number.

Column H.....Enter your level of current certification.

- |                          |                  |                          |
|--------------------------|------------------|--------------------------|
| (A) First Responder      | (D) PHRN         | (F) EMT (new curriculum) |
| (B) EMT (old curriculum) | (E) HP Physician | (H) Rescue (all courses) |
| (C) Paramedic            |                  |                          |

### 6. SPECIAL CODES

Column A - G .....This is the unique DOH-assigned class number (enter all zeroes (0) only when completing form for name or address change.

Column H.....Sex ----- (1) Male      (2) Female

Column I.....Education Level---- (1) Less than high school      (3) Post High School  
 (2) High School      (4) College Graduate

Column J.....Race----- (1) White      (4) Asian or Pacific Islander  
 (2) Black      (5) American Indian or Alaskan Native  
 (3) Hispanic

Leave Blank

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Column K.....Enter Zero (0).

Column L-M.....Enter the two-digit county of residence code. Enter (0) in both if residence is outside PA.

NOTE: When completing this form for a change of name, address, or phone number, enter zero (0) in Columns A - K.

7. **FINAL SCORE SEND TO** – Enter the regional EMS council number to which the student is registered; or if a new student, enter the regional number to be registered.
8. **IDENTIFICATION NUMBER** – Enter the applicant's social security number in A-I. Leave J blank.

