



Application for Independently Certified EMT-B

** Please return completed application to Cowell Health Center.

I. Applicant Information

Name: _____ Phone: _____

Local Address: _____

Email: _____

Student ID #: _____ Date of Birth: _____

Major: _____ Year: _____

Current Level of Certification: _____

II. Extracurricular Activities

Please list your extra-curricular commitments with an estimate of hours devoted to each per week:

Commitments:

Hours per week:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. Essay

Why did you choose to become an EMT? What do you see to be the role of EMS at Santa Clara University? How do you feel you can contribute to SCU EMS? Please detail any relevant medical experience. (500 word max; please type on a separate sheet of paper)

IV. Attachments

The following items should also be included to provide the SCU EMS Selection Committee with a more complete picture of the applicant:

1. Résumé.
2. Two (2) Letters of Recommendation. If possible please provide two references: one academic and one job-related.

V. Certification

I certify that all of the information furnished on this form and all attachments is true, complete, and correct to the best of my knowledge. I understand that such information is confidential and subject to verification by the SCU EMS Selection Committee.

Signature: _____ Date: _____