



MEDICAL TRANSPORTATION SERVICE ACADEMY

2431 Greenup Ave
Ashland, KY 41101
Phone: 606-324-3286
Fax: 606-324-4137

Email: teresawalters@mtsambulance.com

Name: _____

Address: _____

City, State and Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Social Security #: _____ DOB: _____

High School: _____ Graduation Date: _____

or

GED Completion Date: _____

Please Check One:

____ First Responder (Cost: \$500.00) ____ EMT—Basic (Cost: \$700.00)

____ CPR (Cost: \$30.00) ____ EMT Continuing Education (\$100.00)

____ CPR Instructor (Cost: \$650.00) ____ CPR & First Aid (\$40.00)

Class Start Date: _____

How did you hear about us: _____

Shirt Size (EMT Class Only): S M L XL 2X 3X 4X 5X _____

EMT-Basic class: Upon receiving your registration, MTS will contact you with a date and time to take an entrance exam. It is important that you have the following information with you **when you take your entrance exam: high school diploma or GED, a driver's license and have an established email account.** If you do not have the original documents, legible copies are acceptable. EMT class participants should **be prepared to pay \$200.00 at the time of your entrance exam. (non-refundable).**

If you have a felony on your background check, the state prohibits you from working as an EMT-B. You must also be physically fit in order to be an EMT-B.

All other classes must be paid in full when registering.

Signature: _____ Date: _____