



Admissions Application

EMT Course Start Date:

Today's Date: ____/____/____

Last Name | First Name | Middle initial

D.O.B. _____

_____, _____, VA. _____
Mailing Address/City State Zip Code

(____) _____
Home phone with area code

(____) _____
Cell phone with area code

Employer

Work phone with area code

Personal E-mail address

In case of emergency, notify:

Name/Relationship

Phone with area code

Attendance is mandatory in completing all EMS Education programs. Clinical shifts will be scheduled during the course period and will require day, and/or weekend rotations. Students are not allowed to miss clinical shifts/internships without rescheduling in advance.

How did you learn about SAGE Training?

Internet Friend Current / Former student (name) _____
Employer Other _____



EDUCATIONAL HISTORY

Have you ever attended a college or university? List all previous colleges attended (College City/State Dates Attended).

EMS EDUCATION PROGRAM APPLICATION DISCLOSURE

A background report will be made in connection with your application for admission into the EMS Education Program with Sage Training, LLC

ANSWER ALL QUESTIONS, THEN SIGN AND DATE:

Have you ever been convicted of a crime, been arrested, been assessed deferred adjudication for a crime or pled guilty or nolo contendere to a crime, or been convicted of any misdemeanor to include DWI / DUI ?

Yes _____ No _____

Have you ever been convicted of any crime, been arrested, been assessed deferred adjudication for a crime or pled guilty or nolo contendere to a crime, or been convicted of any misdemeanor involving the use, sale, possession or distribution of drugs or chemical substances?

Yes _____ No _____

Have you ever been convicted of a crime, been arrested, been assessed deferred adjudication for a crime or pled guilty or nolo contendere to a crime, or been convicted of any misdemeanor for assault, burglary, or theft?

Yes _____ No _____

Have you ever been convicted of a crime, been arrested, been assessed deferred adjudication for a crime or pled guilty or nolo contendere to a crime, or been convicted of any misdemeanor involving the misappropriation of fiduciary property or property of a financial institution, or securing document(s) by deception that is punishable as a class A misdemeanor?

Yes _____ No _____

If you have answered "Yes" to any of the above questions, please use the space below to state all charges, dates, and dispositions. Please note: Failure to disclose information on this form is automatic grounds for denial of admission or subsequent dismissal from the EMS Program and forfeiture of all fees paid.

I certify that the information provided on, and/or submitted with this application is true and correct.

Formal application to the EMS program does not guarantee admission to the program or the college. I understand that false or misleading information in my application or interview may result in my release from the program.

I have read and understand what this means. I hereby authorize the procurement of a background report for the purpose of admission into the EMS Education Program.

Date: _____

Applicant name: (PRINT) _____

Applicant signature: _____

PLEASE NOTE:

A CRIMINAL BACKGROUND INQUIRY AND A DRUG SCREENING WILL BE ASKED FROM ALL STUDENTS PRIOR TO ACCEPTANCE INTO THE PROGRAM. UNACCEPTABLE RESULTS MAY RESULT IN APPLICATION DENIAL OR DISMISSAL FROM THE EMS EDUCATION PROGRAM. THE COST FOR THE BACKGROUND AND DRUG TEST IS \$100