



APPLICATION FOR SUPPLEMENTAL EMERGENCY MEDICAL SERVICE (EMS) TRAINING (Course sponsored by IDHS)

State Form 55418 (R / 1-14)



- INSTRUCTIONS:**
1. This application is for registering for IDHS EMS sponsored courses such as Ambulance Strike Team Leader, etc.
 2. Please type or print all information.
 3. For course registration and lodging information contact course coordinator at (317) 234-8443 or EMSApplication@dhs.IN.gov.
 4. For additional course information, visit the IDHS Training Calendar at <https://myoracle.in.gov/hs/training/public/calendar.do>.
 5. Completed applications may be faxed to (317) 233-0497, e-mailed to EMSApplication@dhs.IN.gov, or mailed to:
Indiana Department of Homeland Security, IDHS Training, 302 W. Washington St. Room E239, Indianapolis, IN 46204.

FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY

<input type="checkbox"/> Acadis	Date received (month, day, year)	Date entered (month, day, year)	Prerequisite(s) met? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Full legal name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Public safety identification number	Date of birth (month, day, year)
Home mailing address (number and street, city, state, and ZIP code – no PO boxes)			County	
Work telephone number ()	Mobile telephone number ()	Fax number ()	Other telephone number ()	
Primary e-mail address		Driver's license number	State	
Sponsoring organization		Position in organization		
Discipline (check all that apply) <input type="checkbox"/> EMA <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Emergency Medical Service <input type="checkbox"/> Fire <input type="checkbox"/> Other: _____				
Name of course (one (1) course per application)			Date of course (month, day, year)	
Courses taken to meet prerequisite, including certificate issue date(s) and location				
If you have any access or functional needs, please let us know how we can help.				
Briefly describe your activities or responsibilities as they relate to this course.				
I will need a hotel room: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<ul style="list-style-type: none"> • Applicable if lodging is offered. More information on lodging will arrive with your enrollment confirmation letter. • If you live seventy-five (75) or more miles from the training site, you will receive lodging the night before class and, if it's a multi-day class, lodging during the class. • If you live fifty (50) or more miles from the training site, you will receive lodging during (not the night before the first day) the class, IF it is a <u>multi-day</u> class. • If you live less than fifty (50) miles from the training site you will not receive lodging. 				
I certify the information recorded on this application is correct. I understand falsification of information may result in dismissal from the course. I agree to abide by the rules, policies, and regulations of IDHS set forth in the IDHS Training Registration Guidelines (http://www.in.gov/dhs/files/ema_guide.pdf). Failure to do so may result in expulsion from the course and barring from future IDHS courses.				
Signature of applicant			Date (month, day, year)	
Signature of agency or department head			Date (month, day, year)	
Title of agency or department head				