



Application for MFR Program

Biographic Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security No.: _____ - - Desired Program: _____ Semester: _____

Gender: MALE FEMALE If no, are you authorized to work in the U.S.? YES NO

Marital Status: SINGLE MARRIED

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School Diploma or GED? (Photocopy must be submitted with application): DIPLOMA GED

Have you ever attended a previous MFR Program? YES NO

If yes, where? _____

Have you ever attended college? YES NO

If yes, where? _____

Did you receive a degree/certificate? YES NO

If yes, photocopy of degree or placement test or official transcripts must be submitted with your application

Professional

Do you have any EMS/Firefighting/Public Safety Law Enforcement Experience:

YES

NO

If yes, where? _____

Do you hold any other Health Professional Licenses or Certifications?

YES

NO

Type: _____ Number: _____

State: _____

Type: _____ Number: _____

State: _____

Have you ever been subject to disciplinary action by any Local Medical Control, State, NREMT or other Government body or Professional Organization, including suspension, sanction, or revocation of any license or registration?

YES

NO

If yes, explain briefly: _____

Background

Are you up to date on the following vaccinations?

TUBERCULOSIS (TB)

HEPATITIS B SERIES

If no, please explain: _____

Have you ever been convicted of a misdemeanor or felony?

YES

NO

If yes, please explain: _____

Applicants with felony or misdemeanor convictions are strongly urged to contact the State of Michigan and/or NREMT PRIOR to the start of class to determine eligibility for registration and licensure

Disclaimer and Signature

I certify that all the information I have entered in this application is correct to the best of my knowledge. I understand my Registration Fee is non-refundable. I also understand that failure to complete all requirements set forth in this document will result in the denial of my application, which may further delay my application and enrollment process.

Signature: _____

Date: _____