

Chester County Department of Emergency Services
EMS Training Institute



Application for Enrollment

Personal Information

(please print clearly)

Name: _____

Address: _____

Primary Phone: _____

Secondary Phone: _____

E-mail address: _____

Date of Birth: _____

Emergency Service Affiliation*: _____

(*not required for enrollment)

Class/Course Information

Class/Course Title: _____

Location: _____

Date(s): _____

*Chester County Department of Emergency Services
EMS Training Institute*

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Service Authorization/Letter of Intent

I hereby verify that the individual named above meets any applicable prerequisite(s) and/or age requirement for the class/course they intend to enroll in. I also verify that this individual is a member/employee in good standing of this organization and will be covered by this organization's worker's compensation insurance while participating in this class/course.

My organization DOES / DOES NOT agree to provide tuition payment to the County of Chester for this individual.

Print Name: _____

Signature: _____

Organization: _____

Title: _____

Applicant Verification

I verify that if I am not covered by worker's compensation insurance as noted above, that I agree to provide my own insurance coverage during my participation in this class/course. I further verify that I meet any applicable prerequisite(s) and age requirements for the class/course I am applying to and that any falsification of information may lead to denial of my enrollment. I understand that in lieu of the above Letter of Intent, I am personally responsible for any payment of any tuition associated with the class/course in question. I verify that the information contained in this application is accurate.

Applicant Signature: _____

Date: _____