



Tufts Emergency Medical Services
Membership Application



1 Personal Information Type or print clearly

 First MI Last

 School Address

 Permanent Address

 Telephone Numbers (school, home, pager) Email Address

 Social Security / Student ID Date of Birth

2 Licenses, Certifications, and Training

Please list any relevant certifications you currently hold. Include EMT, CPR, defibrillation, NREMT, and any additional training such as PHTLS or BTLS. Please note that these certifications are not a prerequisite for general membership. However, current Massachusetts EMT-D and Healthcare Provider (or equivalent) CPR certifications are required to be a responding member of TEMS. *Please attach photocopies of your cards.*

 EMT Certification(s): State, Level, Number, Expiration Date

 Drivers License (State, Number, Expiration Date)

 CPR (AHA or ARC, Level, Expiration Date) Additional Training/Certifications

3 Employment History

List prior experience including gainful employment and volunteer activities. Include employer/organization name, job title, specific duties, and special accomplishments.

1

_____ Dates	_____ Company/Organization Name	_____ Job Title
_____ Specific Duties		_____ Accomplishments

2

_____ Dates	_____ Company/Organization Name	_____ Job Title
_____ Specific Duties		_____ Accomplishments

3

_____ Dates	_____ Company/Organization Name	_____ Job Title
_____ Specific Duties		_____ Accomplishments

4 Personal and Professional References

List name and telephone number of at least two work or personal references who are not related to you. Do not include your EMT class instructor.

 Name Telephone

 Name Telephone

 Name Telephone

