PHOTO

CENTER FOR PREHOSPITAL EMERGENCY MEDICAL SERVICES
PILLARS FOR IMPROVED EMS EDUCATION AND STANDARDS
Tel. (758) 461-4357 OR 485-3911OR 460-4357
Email: cphemsedu@aemstec.mysite.com Website: http://cphems.wixsite.com/aemstec-cemse

For Office use Only	
Application Fee	o
Certificates	o
Grade Slips	o

Center for Prehospital Emergency Medical Services (CPHEMS)

PROGRAM GOVERNANCE COMMITTEE- CENTER FOR PREHOSPITAL EMERGENCY MEDICAL SERVICES
Sans Souci, P. O. Box** CP 5951, **Castries**, LC04 301, **Saint Lucia**, West Indies, - **Tel. (758) 460-43567/461-4357
Email: cphems@aemstec.mysite.com **Website:** https://cphemsedu.wixsite.com/aemstec-cphems

Training Center, Sans Souci, Castries, Saint Lucia, West Indies

GENERAL INSTRUCTIONS

(a) Please read the accompanying "Student Information Program Packet for Courses interested in" **BEFORE** completing this form.

(b) Complete application form with black ink

(c) Return application form to: The Registrar, Enrollment Office, Center for Prehospital Emergency Medical Services with certified copies of certificates, grade slips, all other requested documentation with 2 passport sized photographs and $50.00 application fee. (Non-refundable)

(d) Incomplete application forms will not be processed.

SECTION 1

1. _____ Surname
2. _____ First name
3. _____ Middle name
4. _____ Maiden name (if applicable)
5. Sex Male O Female O
6. Date of Birth: _____ Day/Month/Year
7. Marital Status: Single O Married O Divorced O Widowed O
8. Nationality: _____
9. Country of Birth: _____
10. NIS number: _____
11. Mailing address: _____
12. Permanent address: _____
13. Telephone: _____ Home Work For messages
14. Current school/institution/workplace: _____
15. If currently unemployed or out of school, indicate your last school/workplace: _____

SECTION 2

EDUCATION RECORD
(Give details of educational institutions attended).

TYPE OF INSTITUTION	NAME OF INSTITUTION	FROM (Month/Year)	TO (Month/Year)

QUALIFICATIONS

(Give details of qualifications obtained. Subjects for which you are awaiting results, tick the Results Awaited column)

EXAMINATION BODY (CXC, Cambridge, London, etc)	SUBJECT	YEAR	LEVEL & GRADE	RESULTS AWAITED

SECTION 3

JOB EXPERIENCE (IF ANY)

EMPLOYERS	POSITION HELD	FROM	TO

SECTION 4

Computer related courses successfully completed

TITLE OF COURSE	DURATION OF COURSE (Hrs)	DATE COMPLETED

SECTION 5

Please indicate course/s applied for in the box below

COURSE NO.	COURSE	PLEASE TICK	DURATION
EMSBLS	BASIC LIFE SUPPORT		2 DAYS
PEM002	PEDIATRIC EMERGENCY MANAGEMENT		2 MONTHS
EMS02AD-3	OXYGEN THERAPY		2 MONTHS
EMSR 101	EMERGENCY MEDICAL RESPONDER (EMR)		4 MONTHS
EMT-ATP-102	EMERGENCY MEDICAL TECHNOLOGY		460 HRS/18-24 MONTHS
MEROPS007	MEDICAL EMERGENCY RADIO OPERATIONS		3 WEEKS
EMSBB-4	BLOOD BORNE PATHOGEN		4 DAYS
WPEM009	WORKPLACE EMERGENCY FIRST AID, CPR		2 DAYS
FACPRAED011	CPR, FIRST AID, AED		2 DAYS
AED012	AUTOMATED EXTERNAL DEFIBRILLATION		2 DAYS

Signature _____ Date _____