



Critical Care Endorsement Program 2008

6661 Dixie Hwy Ste 4 #346
 Louisville KY 40258
 (502)-640-8263

Application

Name	SSN
Address	DOB Male Female
City	State, ZIP
Phone: Home	Work
Email	Preferred contact method: Phone Email
Employer's Name:	Employer's phone:
Address	City/State/ZIP
Do you participate in EMS care now? Y N	If yes, name of agency:
Address:	City/state/ZIP
Full time Part time Volunteer	Highest level of education:
How long have you participated?	Can we contact your employer for reference? Y N
Briefly describe any prior medical training	Have you ever been convicted of a crime or paid a fine (excluding speeding)? If so, what?

To the best of my knowledge, the above information is correct and true. See Know How's refund policy on our website, www.know-how-inc.com

Applicant's Signature _____ Date ____/____/____

Please include: 1) Your deposit of \$200 payable to Know How Inc. If application submitted 3 weeks or closer to course start, only Money Orders or Certified Checks will be accepted.

2) A copy of your current paramedic license, and ACLS if you are certified.

Office Use Only		
Date Reg / /2007 08	Ck Cert Ck MO // No.	Amt 200
Contact: Ph EM	Date/Time	