



Paramedic Program 2011

6661 Dixie Hwy Ste 4 #346
Louisville KY 40258
(502) 640-8263
www.know-how-inc.com

INSTRUCTIONS FOR APPLICATION

1. Complete Entrance Application. If necessary, use additional, use additional sheets of paper.
2. Sign and date application
3. Enclose payment for application (\$10 to KBEMS) and testing (\$25 to Know How)
4. Complete, and sign in the presence of a Notary Public the KBEMS Paramedic Application
5. Enclose a copy of your Kentucky Driver's license, High School diploma or GED, and your Kentucky EMT certificate.
6. Give a copy of the enclosed reference Form to TWO people, at least one of whom knows you in an EMS setting. Have them complete the reference and return to Know How. These references may be returned with your application, or may be separately.
7. Download the background check from http://www.kentuckystatepolice.org/pdf/employment_rev01_09.pdf Complete and mail this, including Know How's address (see above) as the recipient. Include the \$20 check required payable to the Kentucky State Police. If you live in another state, you must also include background check from your home state with Know How as the recipient.

Entrance test:

Once the application materials are received and your application complete, you will be emailed a link to take the Entrance Exam. The Entrance Exam is an online test that is intended to gauge a basic knowledge of reading, math, science, and EMT care. It is composed of multiple choice questions and short answer, and is a timed test. Complete instructions will be available on the website when you begin the test. It should be completed in one sitting, because it is a timed test. Should you wish to prepare for the test, review the basic skills in 7th grade-level reading, 7th grade writing, 7th grade math, and your EMT-Basic manual. Many of the questions will be scenario based, and will assume a good working knowledge on EMT-basic skills. The test will be a closed-book test. There is no passing score, the test is used to evaluate your potential strengths and weaknesses prior to beginning the course. Your scores will be made available on the website when the class selection is performed by the Instructors. You will be notified at that point if you are selected for a seat or an alternate seat.

Scholarships

There are several scholarships available, you should see the website for additional information in the EMT-P FAQ section (see listing on the Upcoming classes page). One scholarship, the Brian Jennemann scholarship, closes July 15th for the 2011-2012 year. We encourage you to apply early if you wish to pursue this option. Know How may offer a scholarship; an application will be posted on the website when this becomes available. We encourage you to research all venues for possible funding- your home county, your county EMS service, your area hospital or local businesses may also be willing to help.



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Entrance Application

Name	SSN
Address	DOB Male Female
Phone: Home	Work
Email	
Employer	Employer's phone
Employer's Address	Can we contact your employer for reference? Yes No
Do you participate in EMS now? Y N	If Y, name of agency:
Full Time Part Time Volunteer	Highest level of Education
How long have you participated?	
Describe any prior medical training	Have you ever been convicted of a felony or misdemeanor (excluding traffic offenses) Provide details on reverse if needed

To the best of my knowledge, the above information is correct and true. **Sorry, no refund of entrance exam fees can be made.** Returned check fee \$35.

Applicant's Signature _____ Date _____/20__

- Enclose
- 1) Check for Application (to KBEMS for \$10) and Know How (\$25)
 - 2) A copy of your Driver's license, GED or HS diploma, and EMT-basic cert.
 - 3) Two letters of recommendation (see instructions)

Office Use Only		
Date Reg	Ck MO	Tst
Contact P E	Amt	



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Reference for Student

Reference for _____ Date _____

How long have you known the applicant? _____

In what capacity? _____

How would you rate the applicant in the following areas (1=not at all, 5 often/always)

The applicant is:	Motivated to learn	1	2	3	4	5
	Dependable	1	2	3	4	5
	Interested in learning	1	2	3	4	5
	Communicates well	1	2	3	4	5
	Is responsible	1	2	3	4	5
	Is prompt for appointments	1	2	3	4	5
	Is a team player	1	2	3	4	5
	Frequently loses things	1	2	3	4	5
	Has been arrested	1	2	3	4	5

Why do you think the applicant would make a good Paramedic? _____

May we contact you for further information if needed? YES NO

Contact info if YES: _____

The candidate (circle one) HAS HAS NOT seen the information on this form

Return Evaluation to: Know How Inc. 6661 Dixie Hwy Ste 4 #346 Louisville KY 40258



APPLICATION TO BECOME A PARAMEDIC STUDENT

Educational Institution: Know How Inc. Course Number: 017-09-004

Name: (Last) (First) (Middle) (Maiden)

Address:

City: State: Zip Code:

Home Phone: Work Phone: Email:

Date of Birth: Social Security No: Sex (M/F)

EMT Basic Certification Information: Certification #: State of Certification: Date of Expiration:

EMS Employment (if applicable):

Employer: Contact Person:

Address:

City: State: Zip Code:

Average Hours Worked Per Week: Describe your duties:

All questions in this section must be answered. Failure to respond to these questions or sign the verification statement will result in this application being returned to you as incomplete. If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet, including copies of court documents, disciplinary actions, or physician's statement, if applicable. Please circle your answers.

- 1. Do you have a high school diploma or general equivalency diploma? If 'Yes', please attach a photo copy. No Yes
2. Do you have the ability to speak, write, and understand the English language? No Yes
3. Do you currently have a valid motor vehicle operator's license? No Yes
State License #: Expiration Date:
4. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No Yes
5. Have you ever been convicted of a misdemeanor or DUI? If 'Yes', please provide a written explanation and a certified copy of court records. No Yes
6. Have you ever been cited for a moving violation while operating an emergency medical vehicle? If 'Yes', Please provide a written explanation. No Yes
7. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No Yes
8. Have you ever been in default on any school loans?, If 'Yes', please provide a written explanation. No Yes
9. Have you at any time had your certification(s) or registrations (s) as a First Responder, EMT, or Paramedic or its equivalent, been restricted, revoked, denied, suspended, or expired in the Commonwealth of Kentucky or another state? No Yes
10. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No Yes

300 North Main Street, Versailles, KY 40383
859.256.3565 1-866-97 KBEMS
Web www.kbems.kctcs.edu www.kctcs.edu

