

## Instructions for completing application

### NOTE

***Handwritten applications will not be accepted.***

***MUST be Digitally Signed using Adobe Acrobat Reader DC (Free App)***

1. Download attached PDF file “PTC EMT Course Application”
  - This is a FORM FILLABLE document
  - You will need **Adobe Acrobat Reader DC** to fill and sign the document. It is FREE!
    - i. Go to: <https://get.adobe.com/reader/>
    - ii. **Deselect** the McAfee and Chrome add-ons
    - iii. Download **Adobe Acrobat Reader DC**
2. Open the “PTC EMT Course Application” Document with **Adobe Acrobat Reader DC**
3. Do a “Save As” and add your name to the end of the original file name
  - Example: PTC EMT Course Application – Mike Smith
4. Complete the application
5. Digitally Sign the document with the **Adobe Acrobat Reader DC**
  - a. **2 Required Signatures**
    - i. Page 1 – Signature #1 - **Student/Applicant**
    - ii. Page 2 – Signature #2 - **ACKNOWLEDGMENT BY STUDENT**
  - b. 1 Optional Signature
    - i. Page 2 – Signature #3 - **IMAGE/MEDIA CONSENT AND RELEASE**
6. Email completed document to: [Mark@PolarisTC.com](mailto:Mark@PolarisTC.com)

After PTC receives your completed application it will be reviewed, and you will be notified if you have been accepted. Once accepted you will need to submit a copy of the following information:

- Government Approved Photo ID
- Proof of Health Insurance
- Proof of High School Diploma, GED or equivalent (a variance may be requested if still in high school)
- Basic Life Support (CPR) Certificate
- Required Immunizations (See Page 2)

<p style="text-align: center;"><b>HEPATITIS B Series Hep-B (or TwinRix A/B) 2 required or Titer test</b></p>	<p>Students <b>MUST</b> have verification of the first two doses at the time of application.</p>
	<p>1<sup>st</sup> dose administered</p>
	<p>2<sup>nd</sup> dose administered at least 30 days after the 1<sup>st</sup> dose</p>
<p style="text-align: center;"><b>VARICELLA (VZV) Varicella Zoster Virus/ Chickenpox 1 required for each or Titer test</b></p>	<p>A positive serology or two doses of Varicella vaccine 4 weeks apart is required.</p>
<p style="text-align: center;"><b>PPD—Tuberculosis TB Skin Test  1 required</b></p>	<p>Tuberculin skin test must be current within the <b>last 12 months</b>, unless a test has shown 10 or more mm of induration. (Tine test is NOT acceptable)</p> <p><b>If PPD test is positive</b>, have a chest x-ray and provide written results and personal statement of no symptoms of TB from your physician.</p>
<p style="text-align: center;"><b>DIPHTHERIA/TETANUS TDAP, Booster</b></p>	<p>A booster every <b>10 years</b> is required. TDAP is required if tetanus is more than 2 years old for Healthcare Providers.</p>
<p style="text-align: center;"><b>Measles, Mumps, Rubella MMR 1 required for each or Titer test</b></p>	<p>Injection + booster or positive serology (<b>titer tests</b>) are required.</p>
<p style="text-align: center;"><b>INFLUENZA Flu Shot</b></p>	<p>Required for students taking the <b>January – February</b> EMT class.</p>