

**Tactical Emergency Medical Specialist Student Data Sheet**

**DEADLINE FOR APPLICATIONS: MAY 15, 2009**

Student Name: \_\_\_\_\_  
*Last* *First*

Certification Level: *(circle)*

**EMT**

**EMT-I**

**Paramedic**

**RN**

**PA**

**MD**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Employer**

Agency: \_\_\_\_\_

Agency address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently assigned to a law enforcement team? \_\_\_\_\_

Do you actively participate as a team member? \_\_\_\_\_

Is your primary role within your team medical support? \_\_\_\_\_

Your physical fitness routine is... Daily Weekly None

Total years experience as a medical provider: \_\_\_\_\_

What caliber handgun does your Law Enforcement Agency require you to qualify with? \_\_\_\_\_

\_\_\_\_\_