



Wyoming County Office of Emergency Services EMS Training Application

Applicant Name:

Address:

Phone Number:

Agency Affiliated with:

Existing State EMS number:

Date of Application:

Location of class:

Starting Date of class:

Training required:

CFR Original

EMT Original

AEMT Original

CPR Original

CME Participation

Other:

CFR Refresher

EMT Refresher

AEMT Refresher

CPR Refresher

Squad Captain's Signature: _____