



**Wyoming County Office of Emergency Services**  
**151 N. Main Street, Warsaw, NY 14569**

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***EMS Training Application Form***

***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***
- CFR Refresher***
- EMT Original***
- EMT Refresher***
- AEMT Original***
- AEMT Refresher***
- CPR Original***
- CPR Refresher***
- CME Participation***
- Other:*** \_\_\_\_\_

***Squad Captain's Signature:*** \_\_\_\_\_