



Wyoming County Office of Emergency Services EMS Training Application

Applicant Name:

Address:

City, Town, Zip Code:

Phone Number:

Email:

Agency Affiliated With:

Existing EMS Number:

Date of Application:

Location of Class:

Training required:

CFR Original

CFR Refresher

EMT Original

EMT Refresher

AEMT Original

AEMT Refresher

CPR Original

CPR Refresher

CME Participation

Other:

EMS Captain's Signature:
