



Date of Submission: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I

Local Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Current Status: (Circle One) Freshman Sophomore Junior Senior Graduate Student

Major/Minor: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

UB Person Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Certifications (Please attach a copy of each valid certification you hold)**

(Please Circle) EMT-B EMT-I EMT-CC Paramedic Expired-EMT

CPR/AED Sponsor: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

EMT Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you currently hold an E.V.O.C or C.E.V.O certification? Yes / No

Other Relevant Medical Training: (i.e. First Aid, Lifeguard, Certified First Responder)

\_\_\_\_\_  
\_\_\_\_\_

EMS/ First Response Experience: (Volunteer EMS, Paid EMS, Firefighter etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please list any leadership positions you have held (high school or college):

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Please list any other clubs or sports you are currently involved with:

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Have you ever been subject to any disciplinary actions at UB? (Includes pending cases)

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Have you ever been arrested or convicted of a crime? If yes, please explain

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For returning students: Current GPA: \_\_\_\_\_

List two references:

Name	Address	Phone	Relationship
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I verify that all of the information on this application is complete and correct. I authorize a representative from the University at Buffalo as well as UB MERT to verify the information provided. This information is only to be used regarding the admission requirements for UB MERT and will not be released to the public under any circumstances.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_