

# LOC EMT CLASS

Biographical Information Sheet:

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Last Name	First Name	Middle Name
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Mailing Address	City	State	Zip Code
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Residential Address (if different)	City	State	Zip Code
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Cell Phone Number	Home Phone Number
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Primary Email	Alternate Email
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DOB	SS# (Optional)
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Race (Optional)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Gender	

**Check any professional affiliations:**

- |                                                        |                                                       |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Full-Time Fire Department     | <input type="checkbox"/> Full Time EMS Agency         |
| <input type="checkbox"/> Volunteer Fire/EMS Department | <input type="checkbox"/> Other (Please explain) _____ |

**Please tell us anything else that might help us better serve your educational needs:**

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