

STUDENT APPLICANT TRACKING FORM

Remove this form from the Applicant Package
Fill out the top section and forward it to the Director

Applicant's Name: _____ Last 4 of SSN: _____
Last, First, Middle

Contact Info: Cell: _____ Email: _____

Applicant issued/forwarded date: _____

Application Return Date: _____

Program: _____ Class #: _____ Convening Date: _____

Accepted: _____ Rejected: _____ Reason: _____

Appearance/Dress	attach - H	_____	High School/GED	copy of	_____
Background Check	attach - F	_____	ID Photo taken	_____	forwarded _____
CPR Card	copy of	_____	ID received	_____	issued _____
Data Form	attach - J	_____	MMR	proof of	_____
Driver's License/ID	copy of	_____	Physical Release	copy of	_____
Drug Test	attach - C	_____	Questionnaire	attach - I	_____
EMT-B/NMREMT-B	copy of	_____	Release of Info	attach - G	_____
Felony Statement	attach - E	_____	Shot Record	copy of	_____
Health Insurance	proof of	_____	Social Security Card	copy of	_____
Hold Harmless	attach - A	_____	Sub/Drug Abuse	attach - B	_____
HEP-B Shot	proof of	_____	Tuition	paid	_____
HEP-B Waiver	attach - D	_____	Uniforms	issued	_____

Phase Evals (dates): _____

Graduated (date): _____ Certification issued (date): _____