

Office Use Only	
Updated By	Date

### Post Course Questionnaire

Last Name		First Name	
Class Number	Class End Date	Email Address	
Testing Level <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> PHRN			Educational Institute

#### Demographic Information

Has any of your demographic information changed since you completed your application in the beginning of class?    Yes\*    No

*\*If yes, please complete the following information*

Last Name		First Name		Middle Initial	Suffix
Address				Phone Number	
City	State	Zip Code	County		

#### Criminal History

Since the beginning of class have you:

- Been convicted of any misdemeanor or felonies?  
 Yes\*\*    No
- Been arrested or charged with an Driving Under the Influence (DUI) charge?  
 Yes\*\*    No
- Been arrested or charged for any traffic or moving violation which resulted in license suspension?  
 Yes\*\*    No

*\*\*Please complete a Criminal History Reporting Form. This form is obtained from your Regional EMS Council.*

#### NOTICE – Section 4904 of the Crimes Code provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
- (1) Makes any written false statement which he does not believe to be true; or
  - (2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.
- (b) A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made thereon are punishable.

I hereby certify that the information listed above is true and complete to the best of my knowledge, information, and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_