Section of EMS Instructor Verification Sheet for Initial Application Process

School Name:
Course Number:
Instructor:
Date:

Student Name	Last 4 Student SSN	Application Form		Application Fee Paid By:		State Background Fee Paid By:		Federal Background Fee Paid By:	
		Complete	Incomplete	Student	Institution	Student	Institution	Student	Institution
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Click here if all fees were paid by the institution		☐							

Please check the correct box where S = Student I = Institution