

**MUSKOGEE COUNTY EMERGENCY MEDICAL SERVICES/  
BACONE COLLEGE  
EMR/EMT TRAINING PROGRAM**

**Instructions for enrollment packet:**

- 1) **Application form:** Fill out the form completely (print) with all information.
- 2) **Oklahoma State Bureau of Investigation (OSBI) Background Check Form:** Fill out form completely and send it to OSBI address on form. Attach the ORIGINAL RESULTS to the enrollment packet and return to MCEMS ( No copies will be accepted)
- 3) **High School Transcript (showing graduation date) or GED Certificate:** Submit this with your enrollment form (EMT Only). For EMR enrollment, this is not required.
- 4) **Note:** High School graduation or GED is NOT required to enroll in EMT, but **MUST** be obtained by scheduled completion date of course.
- 5) **Immunization Records:** Please submit a copy of your immunization records. Specific immunizations are not required for enrollment into the program, but a copy is needed to keep with student records.
- 6) **Applicant must be 18 y/o or older by the scheduled completion date of the EMR or EMT course.**

Submit enrollment packet with payment to the Business Office at Muskogee County EMS at 200 Callahan Street, Muskogee, Oklahoma 74403. Inquire to the Business Office at MCEMS at 918-683-0130 for payment options, if needed. (Payment in full is not required to enroll, but there is a minimum that IS required to be paid upon initial enrollment.)

For any questions, call Michael Frazier at MCEMS. 918-869-4045

# MUSKOGEE COUNTY EMERGENCY MEDICAL SERVICES / BACONE COLLEGE

## APPLICATION FOR ENROLLMENT to EMERGENCY MEDICAL TECHNICIAN (EMT)

### or EMERGENCY MEDICAL RESPONDER (EMR)

**CHOOSE WHICH CLASS:** EMR [ ] EMT [ ]

*Print please*

NAME: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bring or mail the required forms along with payment to the business office of Muskogee County EMS, at 200 Callahan Street, Muskogee, Oklahoma 74403.

#### Required Documents:

- 1) Application Form
  - 2) High school transcript( showing graduation date), or GED Certificate (Not required for EMR)
  - 3) **HS Transcript/Diploma/GED is not required to enroll, but IS required by class completion date for EMT.**
  - 4) Immunization records ( If available)
  - 5) OSBI Background Check ( Name based and Sex Offender check)
- Prospective student MUST be 18 y/o or older by the scheduled completion date of the EMR or EMT Class in order to enroll.**

# BACONE COLLEGE/MCEMS EMT PAYMENT PLAN

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## 1.4.PAYMENT POLICY

It is the policy of MCEMS/Bacone College EMT Program that a student, who is delinquent in making agreed upon payments, not be given examinations, quizzes or other evaluations while payments are in arrears. Please note that quizzes may not be made up as per applicable sections.

Fee Schedule: Total cost of the EMT Program \$1,100.00 ( Includes Textbook and Polo Shirt)

<b>Payment Due</b>	<b>Due Date:</b>	<b>Amount</b>	<b>Balance</b>
1 <sup>st</sup> payment	8/2/17	\$300.00	\$800.00
2 <sup>nd</sup> payment	9/1/17	\$100.00	\$700.00
3 <sup>rd</sup> payment	10/6/17	\$100.00	\$600.00
4 <sup>th</sup> payment	11/3/17	\$100.00	\$500.00
5 <sup>th</sup> payment	12/1/17	\$100.00	\$400.00
6 <sup>th</sup> payment	1/5/18	\$100.00	\$300.00
7 <sup>th</sup> payment	2/2/18	\$100.00	\$200.00
8 <sup>th</sup> payment	3/2/18	\$100.00	\$100.00
Final payment	4/6/18	\$100.00	\$0.00

***Full payment of the cost of the course must be made by the eighth month from the course starting date or the student will be dismissed from the program. There will be NO exceptions to this policy.***

# BACONE COLLEGE/MCEMS EMR PAYMENT PLAN

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## 1.4. PAYMENT POLICY

It is the policy of MCEMS/Bacone College EMR Program that a student, who is delinquent in making agreed upon payments, not be given examinations, quizzes or other evaluations while payments are in arrears. Please note that quizzes may not be made up as per applicable sections.

Fee Schedule: Total cost of the EMR Program \$575.00 (Includes Text/Workbook)

<i>Payment Due:</i>	<i>Due Date:</i>	<i>Amount</i>	<i>Balance</i>
1 <sup>st</sup> payment	8/1/17	300.00	\$ 275.00
2 <sup>nd</sup> payment	9/1/17	100.00	\$175.00
3 <sup>rd</sup> payment	10/6/17	100.00	\$75.00
4 <sup>th</sup> payment	11/3/17	75.00	\$0.00

*Full payment of the cost of the course must be made by the third month through the course starting date or the student will be dismissed from the program. There will be NO exceptions to this policy.*

# OKLAHOMA STATE BUREAU OF INVESTIGATION

## Criminal History Record Information Request

6600 North Harvey Place  
Oklahoma City, OK 73116  
(405) 848-6724  
(405) 879-2503 FAX  
[http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/)

### Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00  
\* Must provide fingerprint card.  
\* Includes name based search.

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person  
**REQUESTS WILL BE RETURNED  
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:  
( )

**ACCEPTABLE FORMS OF PAYMENT:**  CASH  CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.*  CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

*Please print the name of the individual card holder as it appears on the credit card.*

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME \_\_\_\_\_ SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

*Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.*

PURPOSE OF REQUEST ENTRY INTO BACONE COLLEGE/MCEMS EMR/EMT TRAINING PROGRAM

### SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

*Forms with corrections done with white out or by striking through the fields in this section will not be processed.*

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation  
Computerized Criminal History

Oklahoma Department of Corrections  
Sex Offender

Oklahoma Department of Corrections  
Violent Offender

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*

*For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*