

Andrew County Ambulance District

Emergency Medical Responder Application

Applicant Information	
Name:	Department:
Phone:	Email

Please print clearly!!!

You must have an email address to email the card to. Also, CPR is all done through email so you will need one.

Initial EMR Card Class Date: _____ (Taken at ACAD)

Renewal of EMR Card Date Current Expires: _____ Current ID# _____
 Note: Must Include sheet with 16 hours of continuing education along with this application

Non-ACAD Class Date: _____

Transitional License Type: _____ License Expires: _____ Current ID# _____

For all choices besides initial card and renewal card, we need copies of documents. Class for non-ACAD must be since 2010.

Applicant Signature: _____ Date: _____

Each Applicant must be a member of the above named department. You must be an active member of the Bolckow, Fillmore, or Rosendale Fire Department or an Andrew County Ambulance District First Responder in order to utilize your skills as an EMR.

Andrew County Ambulance District Use Only	
Date Received:	Old Expiration Date:
Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason?	By:
EMR #	Expires:

Please Mail to Andrew County Ambulance District ~ 206 N Third St. ~ Savannah, MO 64485

You can also fax to 816-301-6281 or email to rudel@acadmail.org

For any questions visit edu.academs.org or call 816-897-0549

