

Andrew County Ambulance District

Emergency Medical Responder Card (ACAD-EMR) 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: _____ (Within 2 Years)

Renewal Course: Date: _____ (Must be current or expired card holder)

Transitional License Type: _____ License Expires: _____ (Must have Copy)

Administrator Approved: _____

Approved BLS CPR Course Exp Date: _____ (Must have Copy)

Applicant Signature: _____ Date: _____

Each Applicant must be a member of the above named department. You must be an active member of an EMR Participating Fire Department or 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:

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