

2020-2021 Courses
EMR & EMT COURSE(S)
APPLICATION

LEGAL NAME (First, M.I., Last): _____

MAILING ADDRESS: _____

DATE OF BIRTH: / /

Phone: _____

Email: _____

PURPOSE OF TAKING COURSE:

Ever been licensed as a healthcare provider such as an “EMT” or “CNA”: YES NO

SPECIFY TYPES AND WHEN:

Ever been trained in First Aid or CPR: YES NO

SPECIFY TYPES AND WHEN:

Do you currently hold an active Behavioral Health Peer Support Specialist certification from the Montana Board of Behavioral Health? YES NO

Certification # _____

Have you completed a Behavioral Health Peer Support Specialist education course? YES NO
When?

Will you be completing a Behavioral Health Peer Support Specialist course? YES NO
When?

Do you identify as a person with ‘lived-experience’ in behavioral health? (Have you lived with a psychiatric or substance use problem.) The Hope Health Alliance’s policy is to offer dignity to those with lived experiences.

YES NO

Ever had a medical license or professional license revoked or suspended:

YES NO SPECIFY TYPES AND WHEN:

Any other information you feel is important to helping the instructor(s) help YOU learn the material or previous pertinent experience?

ADD INFORMATION ON BACK IF NEEDED OR ATTACH ANOTHER SHEET AND NOTE IT ON THIS PAGE.

SIGNATURE:

DATE: