



Connecticut Medical Training Academy

Waterside Commons 70 Main Street Windsor Locks, CT 06096

Main Office: (860) 623-9937 Fax: (860) 623-9938

Student Application Form:

Name (please print): _____
Last First Middle

Address: _____
Street Town/City State Zip Code

Home Telephone: () _____ Other #: () _____

D.O.B.: _____ S.S.N. : _____

Drivers License #: _____

Type of Training Applying For: (please circle one)

Daycare Provider	First Aid	CPR	A.E.D.	B.B.P
EMT/MRT - Refresher	MRT	EMT - B	Intermediate	Paramedic
OSHA Compliance	ACLS	PALS	PHTLS	BTLS
Technical Rescue	_____	Other:	_____	_____

- * Please enclose copies of all certifications or training logs, when applying for refresher courses.
- * Please enclose copies of all certifications or training logs, for courses that require prerequisites.

Office Use Only

Application Sent: _____
 Copy's of Certs: _____
 Letters of Recommendation: _____
 Serology Form: _____

Application Received: _____
 Prerequisites: _____
 Medical Directors Recommendation: _____
 Student Contract signed: _____

Deposit: _____
 Tuition PIF: _____

Connecticut Medical Training Academy holds the following:

Member of the Connecticut Businesses and Industry Association
 Community Training Center for the American Heart Association
 Training Institution for the National Safety Council

DeFib Tech AED Dealer
 Rock'n Rescue Dealer
 911ep LED Warning light Dealer