



OhioHealth
Emergency Medical Services
EMS Professions
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EMT Application Letter

Dear Student Applicant:

Enclosed is the EMT school application you requested. Please return the completed application with a copy of your high school diploma or GED, and valid Ohio driver's license to the EMS Education department.

If you desire proof of application receipt, please include a self-addressed, stamped envelope for notification by return mail.

Your application must be received at least two weeks before the start of your class to enroll. Tuition must be paid prior to the start of your class (cashier's check or money order).

Classes without sufficient enrollment will be cancelled.

Please do not hesitate to call the office at (614) 566-8289 if you have questions. Thank you for your application. We hope to see you soon.

A FAITH-BASED, NOT-FOR-PROFIT HEALTHCARE SYSTEM

RIVERSIDE METHODIST HOSPITAL + GRANT MEDICAL CENTER + DOCTORS HOSPITAL + GRADY MEMORIAL HOSPITAL
DUBLIN METHODIST HOSPITAL + DOCTORS HOSPITAL-NELSONVILLE + HARDIN MEMORIAL HOSPITAL
MARION GENERAL HOSPITAL + REHABILITATION HOSPITAL + O'BLENESS HOSPITAL + MEDCENTRAL MANSFIELD HOSPITAL
MEDCENTRAL SHELBY HOSPITAL + WESTERVILLE MEDICAL CAMPUS + HEALTH AND SURGERY CENTERS + PRIMARY AND SPECIALTY CARE
URGENT CARE + WELLNESS + HOSPICE + HOME CARE + 28,000 PHYSICIANS, ASSOCIATES & VOLUNTEERS