

CREATE

Colorado Resource for Emergency And Trauma Education

CREATE Participant Data Form

THIS SECTION IS TO BE COMPLETED BY GRANT ADMINISTRATOR
(ENTITY OR TRAINING CENTER CONTACT)

Course Name

Course Date(s)

Grantee Name (organization that received grant)

Grant Number

Course Number

THIS SECTION IS TO BE COMPLETED BY STUDENT PARTICIPANT AND MUST INCLUDE
A SIGNATURE TO CONFIRM INFORMATION.

1. Name:	
2. Phone Number:	
3. Email Address: Physical Address: (Student Home Address)	
4. What is your current level of medical training? (Including this course)	
5. Are you currently working toward a degree in EMTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you intend to work in pre-hospital, EMS or trauma care after completing this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Where do you currently work or volunteer in EMS or Trauma in Colorado? 7a. Where? (Name and County of agency) Will this change following class, if so where?	

If this form is not complete and legible, reimbursement may be delayed.

	<p>*** If you are new to EMTS please answer: 7b. Where do you intend to work or volunteer? (Please provide required attestation)</p>		
8.	<p>Are you a Colorado resident?</p> <p>How was residency demonstrated:</p> <p>License / ID In state tuition classification</p> <p>***If you are not a Colorado resident an Non-Resident attestation is required.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	
9.	a.	<p>What is your title/position with the agency?</p>	
	b.	<p>What is your primary department within the agency?</p>	
	b.	<p>Is the agency a public or private provider? ***** check status *****</p>	<p><input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown</p>
	c.	<p>Are you full time, part time, or volunteer?</p>	<p><input type="checkbox"/> Full Time (Paid) <input type="checkbox"/> Part Time (Paid) <input type="checkbox"/> Volunteer (Full & Part-time)</p>
	d.	<p>For volunteers and seasonal employees, how long have you volunteered in Colorado in the year prior to the start date of this course?</p>	

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e. For **volunteers and seasonal employees**, if you have not previously volunteered or worked in EMS what is your volunteer or seasonal employment plan to work in emergency medical or trauma services as a provider?

By signing below I certify that the information provided is accurate and true to the best of my ability:

Signature of authorized entity representative: _____

Signature of participant (student): _____

**Additional information may be requested to confirm eligibility for CREATE funds.
You will be contacted if further information is required.**

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