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## **AGENCY TUITION VERIFICATION**

**This page is required if your tuition is being paid by a Fire Department or EMS Agency. Please print, scan, and email, or mail to Central Ohio EMS Training**

I verify that this applicant is a member/employee of

\_\_\_\_\_

Fire Department / Agency

I approve this applicant's enrollment and our department/agency has agreed to pay the course tuition.

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Print Name of Authorizing Official

Title

\_\_\_\_\_

Signature of Authorizing Official

Date

\_\_\_\_\_

Contact Number

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### **Mission Statement**

Central Ohio EMS Training strives to provide an exceptional educational experience that enables the highly motivated student to become an excellent EMS provider as well as a leader in the profession.

We are committed to helping students develop excellence in their professional practice, by equipping students with the knowledge and technical skills necessary to become competent entry-level EMS Providers.