



EMS CRIMINAL BACKGROUND and ADULT/CHILD REGISTRY ABUSE CHECK

Please Type or Print Legibly
Fill out one line for each name you have had (maiden, married, etc.

1.	_____	_____	_____
	Last Name—Current (Mandatory)	First Name (Mandatory)	Middle Name (Mandatory)
2.	_____	_____	_____
	Last Name—Maiden (Mandatory)	First Name (Mandatory)	Middle Name (Mandatory)
3.	_____	_____	_____
	Last Name (Mandatory)	First Name (Mandatory)	Middle Name (Mandatory)
4.	_____	_____	_____

(if you have used more names, please list information on back)

_____	_____	_____
Social Security	Date of Birth	Male Female

Home Address _____ City _____

State _____ Zip _____ Home/Cell Phone _____ Email _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state?

No Yes

EMTEC Course # _____ Course Date _____

I give Iowa Western Community College permission to complete an IOWA CRIMINAL HISTORY check. The information I have furnished above is accurate and complete.

I understand that my signature also authorizes Iowa Western Community College to receive information to verify whether I am named on the Adult and/or Child Abuse Registry.

_____	_____
Signature	Date

Iowa Western Community College
Continuing Education
2700 College Road
Council Bluffs IA 51503