



MCA

MEDICAL CAREER ACADEMY

The following documentation is required for Student Enrollment in Medical Career Academy.

Paramedic Student Checklist

STUDENT'S NAME: _____

_____ **Shirt Size**

- Student Application: Paid App. Fee:** _____
- Student Enrollment Agreement PIF:** _____ **or PP:** __ **Deposit:** _____
- Copy of Driver's License**
- High School Diploma, GED, or Official College Transcripts**
- Current BLS/CPR Card from AHA or ARC EXPIRES:** _____
- Copy of EMT License Exp. Date:** _____
- Physical Within the Last 12 Months Date of Physical:** _____

Immunizations:

- MMR** **Date of Vaccination:** _____
- Tetanus** **Date of Vaccination:** _____
- TB Test / PPD** **Date of Vaccination:** _____
- Mandatory Flu Shot** **Date of Vaccination:** _____
- Hepatitis B: Accept Decline** **Date of Vaccination:** _____

10 Panel Drug Screen **Date:** _____

Level II Background Check and Fingerprints **Date:** _____

Net Learning Transcript:(BMH)Date: _____

GHO & HIPAA Quizzes (GSH) **Date:** _____

Administration Only

Book Received: _____ Shirt Received: _____

File reviewed by: _____ Date: _____