



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

Paramedic Student Transfer Checklist

STUDENT'S NAME: _____

_____ **Shirt Size**

- Student Application: Paid App Fee :** _____
- Student Enrollment Agreement PIF: _____ 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**
- Physical Within the Last 12 Months Date of Physical: _____**
- Medic Official Transcripts (P1/P2)**

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 Paid: _____ Book Received: _____ Shirt Received: _____

File reviewed by: _____ Date: _____