



MCA

MEDICAL CAREER ACADEMY

EMT Application

*** Non-Refundable Registration Fee \$150.00 ***

Please Print Clearly

Enrollment Status: New Enrollment Readmission

Applicants Name: _____
Last First Middle

Home Address: _____
No. & Street City State Zip

Primary Phone: _____ Secondary Phone: _____

Personal Email: _____ Gender: Male Female

Ethnicity: Asian Black/African descent East Indian Latino/Hispanic Middle Eastern
 Native American Pacific Islander White/Caucasian (non-Hispanic) Other _____

Date of Birth: _____ Social Security #: _____
MM/DD/YYYY

Level of Education Completed:
_____ General Education Diploma
_____ High School Diploma
_____ Some College
_____ Two Year Degree
_____ Four Year Degree

Citizenship:
_____ U.S. Citizen
_____ Permanent Resident
_____ Student Visa
_____ Other _____

Have you Ever Been Convicted of a Felony? Yes No
If yes, Please Explain: _____

Student Program Objective: Job Related Personnel Enrichment
If job related, where do you currently work: _____ DOH: _____

Supervisors Name: _____ Phone: _____

May we contact your employer: Yes No
Is the applicant in the Cadet or Explorer Program? Yes No
If yes, what Department? _____

Have You Ever Attended EMT School Before? Yes No
If yes, where did you attend? _____ What Year? _____

Have you ever attended Fire School? Yes No Certificate obtained? Yes No
If yes, where did you attend? _____ What Year? _____

Applicant Signature: _____ Date: _____

If under the age of 18-years-old a Parent/Guardian Signature is Required

Parent/Guardian Signature: _____ Date: _____

7751 N. Military Trail, Suite 1, Palm Beach Gardens, FL 33410
PH: (561) 283-0400 FX: (561) 229-1066