



MCA
MEDICAL CAREER ACADEMY

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

Paramedic Admissions Checklist

STUDENT'S NAME: _____

Shirt Size: _____ **Sleeve:** Long / Short **Men or Women**

Student Application: App. Fee Paid: _____

Student Enrollment Agreement PIF: _____ **or PP:** __ **Deposit:** _____

Copy of Driver's License Exp Date: _____

High School Diploma, GED, or Official College Transcripts

Current AHA BLS HCP Card Exp: _____

Copy of EMT License - Exp. Date: _____

Physical Within the Last 12 Months DOP: _____

Immunizations/Titers:

MMR Date of Vaccination: _____

Tetanus Date of Vaccination: _____

TB Test / PPD Date of Vaccination: _____

Flu Shot(Sept. – Mar.) Date of Vaccination: _____

Hepatitis B: Accept Decline Date of Vaccination: _____

10 Panel Drug Screen Date: _____

Level II Background Check and Fingerprints Date: _____

BMH Affirmation Date: _____

GHO & HIPAA Quizzes (GSMC) Date: _____

Administration Only

Book Received: _____ Shirt Received: _____

File reviewed by: _____ Date: _____