



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

Paramedic Student Transfer Checklist

STUDENT'S NAME: _____

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

- 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 Card from AHA EXPIRES: _____
- Copy of EMT License Exp. _____ ACLS _____ PALS _____
- Medic Official Transcripts – P1 _____ P2 _____
- Physical Within the Last 12 Months Date of Physical: _____

Immunizations:

- 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: _____

Net Learning Transcript: (BMH) Date: _____

GHO & HIPAA Quizzes: (GSH) Date: _____

Administration Only

Book Received: _____ Shirt Received: _____

File reviewed by: _____ Date: _____