**Paramedic Application**

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

**Enrollment Status:** [ ]  New Enrollment [ ]  Readmission [ ]  Former MCA EMT Student

**Applicants Name:** Click or tap here to enter text.

 **Last First Middle**

**Home Address:** Click or tap here to enter text.

 **No. & Street City State Zip**

**Primary Phone**: Click or tap here to enter text. **Secondary Phone:** Click or tap here to enter text.

**Personal Email:** Click or tap here to enter text.

**Gender:** [ ] Male [ ]  Female

**Ethnicity:** [ ]  Asian [ ]  Black/African descent [ ]  East Indian [ ]  Latino/Hispanic [ ]  Middle Eastern

[ ]  Native American [ ]  Pacific Islander [ ]  White/Caucasian (non-Hispanic) [ ]  Other: Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date. **Social Security #:** Click or tap here to enter text.

 MM/DD/YYYY

**Level of Education Completed: Citizenship:**

[ ]  General Education Diploma [ ]  U.S. Citizen

[ ]  High School Diploma [ ]  Permanent Resident

[ ]  Some College [ ]  Student Visa

[ ]  Two Year Degree [ ]  Other Click or tap here to enter text.

[ ]  Four Year Degree

**Have you Ever Been Convicted of a Felony?** [ ]  Yes [ ]  No

***If yes, please explain:*** Click or tap here to enter text.

**Student Program Objective:** [ ]  Job Related [ ]  Personnel Enrichment

***If job related, where do you currently work:*** Click or tap here to enter text. ***DOH:*** Click or tap to enter a date.

***Supervisors Name:*** Click or tap here to enter text. ***Phone Number:*** Click or tap here to enter text.

***May we contact your Employer?*** [ ]  Yes [ ]  No

**Have You Ever Attended Paramedic School Before?** [ ]  Yes [ ]  No

*If yes, where did you attend?* Click or tap here to enter text. *What Year?* Click or tap here to enter text.

**Have you ever attended Fire School?** [ ]  Yes [ ]  No **Certificate obtained?** [ ]  Yes [ ]  No

*If yes, where did you attend?* Click or tap here to enter text. *What Year?* Click or tap here to enter text.

**Do you work for a(n) EMS or Fire Department?** [ ]  Yes [ ]  No

***If yes, what department?*** Click or tap here to enter text. **DOH:** Click or tap to enter a date.

**EMT Certified**: [ ]  Yes [ ]  No ***If yes, EMT license expiration date:*** Click or tap to enter a date.

**Applicant Electronic Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.