**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.