



COMMUNITY PARAMEDIC APPLICATION EMS EDUCATION PROGRAMS

Credentials:

_____	____/____/____	_____
Social Security Number	Date of Birth	MAC Student ID

Name:

_____	_____	_____	_____
Last	First	Middle	Maiden

Address:

_____	_____	_____	_____
Street	City	State	Zip

Contact Info:

_____	_____	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Authorized Alien Status
Phone Number	Email Address		

Schools:

_____	_____	_____
Name of High School	City, State	Date of Graduation

_____	_____	_____	_____
Name of Other Colleges	City, State	Completed Degree Name	Last Year Attended

_____	_____	_____	_____
Name of Other Colleges	City, State	Completed Degree Name	Last Year Attended

EMS History:
Paramedic
**Required*

_____	_____	_____
Name of School	City, State	Years Attended

_____	_____	_____
Has your licensure ever been disciplined or revoked, explain	Exam Pass Date	License Number

Convictions:

Have you ever been convicted, adjudged guilty by a court, pled guilty, or pled nolo contendere to any crime (excluding traffic violations), whether or not the sentence was imposed, in this state or any other state?

Yes No Date: ____/____/____ If yes, please explain: _____

Have you ever been arrested or convicted of a sexual offense in this state or any other state?

Yes No Date: ____/____/____ If yes, please explain: _____

**Professional
References:**
*(i.e. professor,
trainer,
supervisor,
manager)*

Name	Company	Title	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Acknowledgments:

By signing below, *I acknowledge that I have read, understand, and been offered a copy of the Notice of General Policies which includes information regarding Equal Opportunity at Mineral Area College and the American Disabilities Act.*

Signature:

Student Signature

Date

Signed applications can be submitted to the Office of EMS Education Programs, Room C3, or sent via email to lreed@mineralarea.edu.

Use a printer scanner or phone scanner app to create PDF files; picture formats are not accepted.

FOR OFFICE USE ONLY

Date received: ____/____/____ Staff Initials: _____