

PARAMEDIC EDUCATION PROGRAM

APPLICATION FORM



Name:	·			
Last	First		Middle	
Current Address:				
Street	City	State	Zip C	ode
Contact Numbers: ())	() Cell Phone	or Pager
Email Address:		_ Date o	f Birth:	
EMT Certification Number :	Years of experience: _			
EMT Certification Date: EMT Certification Expiration Date				
List all college/universities and degrees earne	ed:			
Institution	Date of Attendance		Degree earned	
Institution	Date of Attendance		Degree earned	
Institution	Date of Attendance		Degree earned	
Name of Fire /EMS/Institution Agency:				
Address of Fire /EMS/Institution Agency: _				
5 , _	Street	City	State	Zip Code
Name of Supervisor:	Phone:		_	
Current Position/Work History :				
Agency	Date of Employment		Position	
Agency	Date of Employment		Position	



List



Student Name:	Date:	
Immunizations		
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Hepatitis B Declination

If you choose to decline the Hepatitis B series, please read and sign the following section:

I understand that due to my exposure to blood or other potentially infectious materials during the clinical portion of my health science program, I may be at risk of acquiring Hepatitis B virus infection. I have been encourage by the EMT Department facult y/staff to be vaccinated with Hepatitis B vaccine, however, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold Maricopa Community College District as well as all hospital and pre hospital clinical observation sites harmless from liability in the event I contract the Hepatitis B virus.

Student Name (print)	Student Signature	Date
Student ID #		
Faculty Name (print)	Faculty Signature	Date



* * * FOR PHYSICIAN USE ONLY * * *				
PATIENT NAME		AGE	HEIGHT	WEIGHT
		UNIATION		
	PHYSICAL EXAN	IINATION		
DATE:				
HEENT:	Lungs:			
Heart:	**Pulse:	**BP:		<u> </u>
Abdomen:	Extremities/Jo	oints:		<u></u>
Neurologic/Mental:				
**Vision: R L		**Correcte	ed: R	L
(**indicates the num	erical assessme	nt must be d	ocumented)	
Paramedic candidate must possess the following	ng ability:			
Strength Physical strength to lift and carry heavy loads.				
Mobility Able to bend, squat, and crawl on even and uneven terrain				
Manual Dexterity Ability to move the hand and fingers in coordinated and exact movements				
4. Vision Perfect vision is not a requirement, but must sufficient to perform the required tasks of a student				
Based on this physical, do you find any reason why this person cannot physically perform these activities?				
Yes No				
If yes, please explain:				
				,
PHYSICIAN'S INFORMATION				
Name: (Please Print)	MD, DO, PA, FNF (Circle One)	P Signature		
Address:	City:		_ State:	Zip Code:



Paramedic Education

Program

Checklist Starter Items for Candidates

- Complete the ACCUPLACER test or complete RDG101, or have successfully completed the EMT National Registry Test within the last 2 years, or possesses an AA degree or higher from an accredited college or university.
- 2. Be currently certified as an EMT in the state of Arizona with the Arizona Department of Health Services, Bureau of EMT. Be prepared to show validation of certification card on day one of class.
- 3. Possess a current CPR card at the Health Care Provider or Professional Rescuer Level from an organization that follows the American Heart Standards. (i.e. AHA, AHI, ACEP).
- 4. Obtain a physical assessment by a licensed medical professional either a MD, DO, NP or PA. Have the provider complete the assessment form and bring it day one of class.
- 5. Obtain all documentation of up to date immunizations and complete the immunization form. Bring validating proof of immunizations and completed form on day one of class.
- 6. Complete the application and turn it into the staff on the day of the entrance examination.
- 7. Discuss finance options with student financial aid (go to fasfa.gov and create the account now and submit application).

Phone:

(602) 285-7777

Email:

pc-finaid@phoenixcollege.edu

Location:

Hannelly Enrollment Center

Hours:

Spring & Fall: Mon.-Thurs. 9:00 AM – 4:00 PM Fri. 10:00 AM 4:00 PM

Summer: Mon.-Thurs. 8:00 AM - 6:00 PM