



PARAMEDIC EDUCATION PROGRAM  
APPLICATION FORM



Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip Code

Contact Numbers: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell Phone or Pager

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EMT Certification Number : \_\_\_\_\_ Years of experience: \_\_\_\_\_

EMT Certification Date: \_\_\_\_\_ EMT Certification Expiration Date : \_\_\_\_\_

List all college/universities and degrees earned:

\_\_\_\_\_  
Institution Date of Attendance Degree earned

\_\_\_\_\_  
Institution Date of Attendance Degree earned

\_\_\_\_\_  
Institution Date of Attendance Degree earned

Name of Fire /EMS/Institution Agency: \_\_\_\_\_

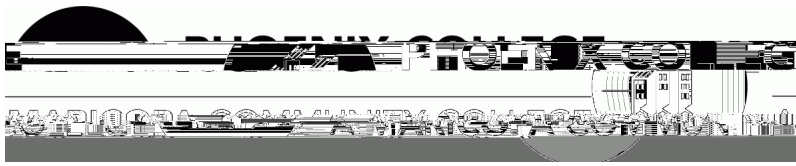
Address of Fire /EMS/Institution Agency: \_\_\_\_\_  
Street City State Zip Code

Name of Supervisor : \_\_\_\_\_ Phone: \_\_\_\_\_

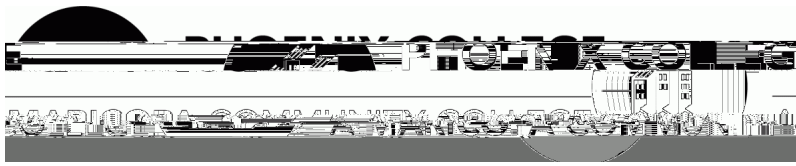
Current Position/Work History :

\_\_\_\_\_  
Agency Date of Employment Position

\_\_\_\_\_  
Agency Date of Employment Position



List

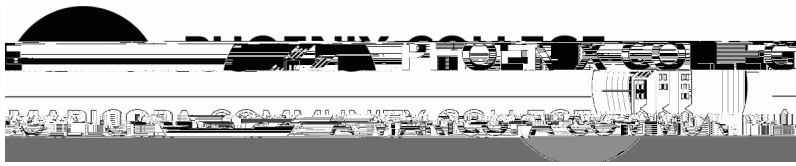


Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Immunizations**

1. Negative 2-Step Tuberculin Intermediate Skin Test (2e e 5 (C2 36 46.117T5O)6e2..5.7T) 2( (e)-20.M8 (e)1.8 )-35.7()(b-43.5 (a)(2)T6)(e)ET



### 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 agr ee 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

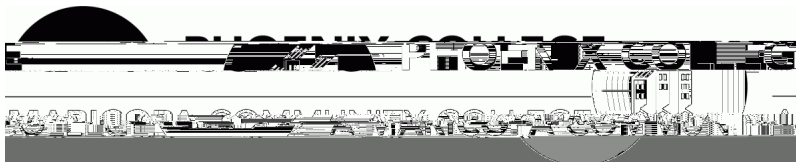
\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Faculty Name (print)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date



\*\*\* FOR PHYSICIAN USE ONLY \*\*\*

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
AGE

\_\_\_\_\_  
HEIGHT

\_\_\_\_\_  
WEIGHT

PHYSICAL EXAMINATION

DATE: \_\_\_\_\_

HEENT: \_\_\_\_\_ Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_ \*\*Pulse: \_\_\_\_\_ \*\*BP: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Extremities/Joints: \_\_\_\_\_

Neurologic/Mental: \_\_\_\_\_

\*\*Vision: R \_\_\_\_\_ L \_\_\_\_\_ \*\*Corrected: R \_\_\_\_\_ L \_\_\_\_\_

(\*\*indicates the numerical assessment must be documented)

Paramedic candidate must possess the following ability:

1. Strength

Physical strength to lift and carry heavy loads.

2. Mobility

Able to bend, squat, and crawl on even and uneven terrain

3. 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:

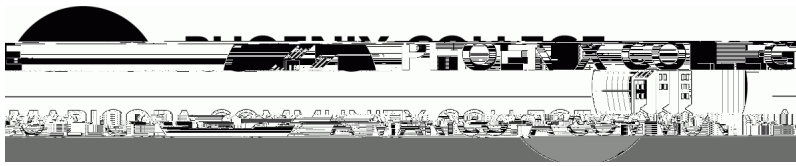
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S INFORMATION

Name: \_\_\_\_\_ MD, DO, PA, FNP Signature: \_\_\_\_\_  
(Please Print) (Circle One)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_





## Checklist Starter Items for Candidates

1. 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](mailto: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