



Paramedic Training Program Application

Program Start Date: August 21, 2017

1. Applicant:

Name: (First) _____ (MI) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell# _____

Email: _____

2. Present Employer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Supervisor's Name: _____

How long have you been employed with this organization? ____ years

3. Education:

EMT Program Location: _____ From: _____ To: _____

Additional EMS Preparatory Classes: _____

4. List states in which you hold a current EMT Certification:

State: _____ Certification #: _____ Exp. Date: _____

National Registry # (If applicable) _____ Exp. Date: _____

5. Other Patient Care Employment:

Organization _____ From: _____ To: _____

Organization _____ From: _____ To: _____

6. You will be required to submit two letters of recommendation. One must come from a higher-level medical provider (paramedics, RN or MD's) or supervisor. The letters must be signed and dated originals. Please have your letters mailed by the author to:

Eastern Arizona College
Attn: EMS Department
615 N. Stadium Ave
Thatcher, AZ 85552

7. You must complete an EMT 210 PR (prerequisite) form and a Mt. Graham Regional Medical Center Student Requirements Checklist. Both forms are included in the application packet and have information about additional required documentation that is required for clinical/vehicular rotations.

8. You must attach a photocopy of your current EMT certification card and your AHA BLS (CPR) Provider Card (front and back). If you are currently National Registry certified, please include that card as well.

9. Official transcripts must be on file at the EAC admissions office, with a copy in the Paramedic program office. Official transcripts must be sent to the paramedic program or admissions office. They cannot be "issued to student" or hand carried with your application.

10. Please answer the following questions. If the answer to any question is "yes", a detailed report clarifying the situation must be attached to this application.

- A. Has your EMT/IEMT Certification ever been refused, suspended or revoked? _____Yes_____No**
- B. Are you now addicted to drugs and/or have you ever been convicted or treated for drug addiction?_____Yes_____No**
- C. Have you ever been convicted of a felony?_____Yes_____No**

I fully understand that any significant misstatements in or omissions from this application constitutes cause for dismissal from the Paramedic Program. All information submitted by me in this application is true to the best of my knowledge.

I hereby further authorize and consent to the release of information by this college, hospitals or other departments as appropriate regarding information relevant to the training program as long as such release of information is done in good faith and without malice, and I hereby release from liability Eastern Arizona College and its representatives for so doing.

I understand that Eastern Arizona College and their clinical/vehicular sites acknowledge that certain information pertaining to the condition and care of patients is confidential and, unless waived by the patient, is entitled to protection from disclosure under the law.

Signature:_____Date:_____

**Mail application to:
Eastern Arizona College
EMS Department
615 N. Stadium Ave.
Thatcher, AZ 85552
Attn: Program Director**

**Email Applications to: evelyn.hallford@eac.edu
For any additional information, please contact Evelyn Hallford at 928-428-8502.
Thank you!**