

Mt. San Antonio College

Public Safety Programs, 28B-214
Attn: Michelle Navarro
1100 North Grand Avenue, Walnut, CA 91789
TEL: (909) 274-5051
FAX: (909) 274-2027

For Office Use Only:

Received _____/_____/_____

Transcripts: HS College

Official: HS College

College Orientation

Priority Registration Date: _____

APPLICATION FOR PARAMEDIC ACADEMY

Please check the program you are applying for: Fall Spring Year _____

APPLICATION MUST BE TYPED

Handwritten applications will not be accepted
Application must be signed in black ink

Personal Information

Mt. SAC Student ID Number: _____

Legal Last Name _____ Legal First Name _____ Middle Initial _____ Previous Last Names _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Date of Birth: _____

CA EMT License#: _____ Expiration Date: _____ CA Driver's License #: _____ Class: _____

General Information

If you are presently employed, may we contact your employer for a reference? Yes No

If no, please explain: _____

Have you ever been discharged from a job? Yes No

If yes, please explain: _____

How did you hear about this program: Friend/Relative Ad Mt. SAC Graduate Other _____

To accurately determine institutional compliance with Federal Rights Act of 1964, the Department of Health Education and Welfare requires Mt. San Antonio College to collect the following data: (Please select one)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Other |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Hispanic | |

Gender: Female Male

Medical Experience

- | | |
|---|------------------------|
| <input type="checkbox"/> Medical Military Experience | Number of Years: _____ |
| <input type="checkbox"/> EMT-1 (Attach Documentation) | Number of Years: _____ |
| <input type="checkbox"/> R.N./L.V.N | Number of Years: _____ |
| <input type="checkbox"/> Other | Specify: _____ |

Applicants must answer the following, attach additional documentation if necessary:

Have you previously attended an EMT-Paramedic Program? Yes No

If yes, please explain: _____

Have you ever applied for an EMT-P certificate in any County/State and have been denied? Yes No

If yes, please explain: _____

Have you ever been or are you currently the subject of a formal pre-hospital certification disciplinary action or proceeding? Yes No

If yes, please explain: _____

Have you ever been cited/convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Education

Have you taken Mt. San Antonio College Placement Exams: Yes No

If yes, please provide date Placement Exams were taken: _____

High School, College, University, Etc. Attach additional pages if needed.

High School:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No
GED Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned:
College:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned:
Other:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned:

Employment History

This section must be completed, list most recent employment first. Include all employment, military service, and volunteer service since completing high school. Attach additional pages if needed.

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please submit copies of the following with your application:

1. Current BLS/CPR for First Responders card
2. Current California EMT card
3. Valid CA Driver’s License
4. Valid CA DMV Ambulance Driver’s License
5. EMT Experience letter from your Employer, verifying 1200 completed hours as an EMT. This letter must be on official letterhead with a “wet” supervisor signature.
6. Military applicants need to provide your DD-214 form.
7. High School Diploma or equivalent
8. Official College Transcripts
9. Mt. SAC English and Math placement tests results with a minimum eligibility for English 68, Math 51, and Read 90. The placement tests may be waived if you have a Bachelor’s Degree from a California UC or Cal State school. Your counselor can provide more information.
10. Proof of Mt. SAC College Orientation completion.

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge. I understand and agree that any falsification or omission may disqualify me from consideration from acceptance and may be grounds for dismissal from Mt. San Antonio College Paramedic Academy.

Additionally, I authorize Mt. San Antonio College to verify the statements made on or in connection with this application.

Student Signature: _____ **Date:** _____