

Mt. San Antonio College
Health Career Resource Center, Bldg. 67B, Rm. 250
1100 North Grand Avenue, Walnut, CA 91789
TEL (909) 274-4788
FAX (909) 274-2076

For Office Use Only:

Received ____/____/____
Study Packets Given ____

APPLICATION FOR PARAMEDIC PROGRAM

Please check the program you are applying for: ____August ____February

PLEASE PRINT THE FOLLOWING INFORMATION IN INK:

1. _____
LAST FIRST MIDDLE PREVIOUS LAST NAMES

DATE OF BIRTH ____/____/____ SOCIAL SECURITY NO. ____-____-____

MSAC ID NUMBER _____ EMAIL _____

HOME ADDRESS _____ PHONE (____) ____-____

CITY _____ STATE _____ ZIP CODE _____

2. EMPLOYER _____ JOB TITLE _____

WORK ADDRESS _____ PHONE (____) ____-____

CITY _____ STATE _____ ZIP CODE _____

3. WORKING STATUS: FULL-TIME _____ PART-TIME _____ HOURS PER WEEK _____

4. NUMBER OF MONTHS WORKED AS AN EMT: _____

a. NAME OF MOST RECENT EMT EMPLOYER _____

b. NAME OF ALL PREVIOUS EMT EMPLOYERS _____

c. EXPIRATION DATE ON YOUR EMT CERTIFICATE _____. IF YOUR EMT CERTIFICATE EXPIRES
WITHIN **10 MONTHS** OF THE STARTING DATE OF THE CLASS YOU ARE INTERESTED IN, YOU MUST COMPLETE A
RENEWAL PRIOR TO THE START DATE OF DIDACTIC (AUGUST OR FEBRUARY).

5. IN CASE OF AN EMERGENCY INVOLVING YOURSELF, WHO SHOULD BE NOTIFIED?

NAME

RELATIONSHIP

PHONE (____) ____-____

ADDRESS

CITY

STATE/ZIP

6. **EDUCATION** - HIGH SCHOOL, COLLEGE, UNIVERSITY, MILITARY EXPERIENCE, ETC.

School and City	Dates (From/To)	Diploma/Degree	Major

TOTAL NUMBER OF COLLEGE UNITS COMPLETED TO DATE: _____

WHERE DID YOU TAKE YOUR ORIGINAL EMT PROGRAM?

NAME OF SCHOOL

LOCATION

7. **REFERENCES** - LIST TWO INDIVIDUALS WHO HAVE OBSERVED YOU FROM A POSITION OF AUTHORITY WHOM WE MAY CONTACT (SUPERVISORS, TEACHERS, EMPLOYERS, ETC.).

NAME

ADDRESS

PHONE

TITLE

- a. _____
b. _____

8. PLACEMENT IN THE PROGRAM IS, IN PART, BASED ON THE COLLEGE PLACEMENT EXAMINATION, WHICH MAY BE TAKEN BY CONTACTING THE ASSESSMENT CENTER IN THE STUDENT SERVICES CENTER, 909-594-5611, EXT. 4265.

- a. I TOOK/WILL TAKE (CIRCLE ONE) THE AWE/MDTP/READING ON ____/____/____.
b. I TOOK/WILL TAKE (CIRCLE ONE) THE MATH ASSESSMENT ON ____/____/____.
c. I TOOK/WILL TAKE (CIRCLE ONE) THE ENGLISH ASSESSMENT ON ____/____/____.
d. I DO NOT NEED TESTING. I HAVE A/AN _____ DEGREE FROM:
(NAME OF INSTITUTION) _____
e. I TOOK MATH & ENGLISH COURSES AT _____ COLLEGE/UNIVERSITY.

9. **GENERAL HEALTH** - DO YOU HAVE ANY PHYSICAL HANDICAPS OR PREVIOUS ILLNESSES/INJURIES THAT WOULD INTERFERE WITH ENTERING, FUNCTIONING AS A PARAMEDIC DURING, OR COMPLETING THIS PROGRAM? _____
IF YES, PLEASE EXPLAIN _____

10. IF YOUR TRANSCRIPTS ARE NOT ON FILE IN THE HEALTH SCIENCE OFFICE, HAVE YOU REQUESTED THEM?
____yes____no____ DATE _____. HAVING ONE SET ON FILE WITH THE ADMISSIONS OFFICE WILL NOT SATISFY THE NECESSITY FOR A SECOND OFFICIAL TRANSCRIPT BEING SENT TO THE HEALTH SCIENCE OFFICE.

11. IF YOU HAVE EVER ENTERED OR ATTENDED ANY HEALTH SCIENCE OR PARAMEDIC PROGRAM, GIVE THE FOLLOWING INFORMATION:

NAME OF SCHOOL

ADDRESS

CITY, STATE, & ZIP

DATE OF ENTRANCE _____ DATE OF LEAVING _____

12. HAVE YOU EVER BEEN EMPLOYED IN A HEALTH CARE OCCUPATION OTHER THAN EMT? _____
IN WHAT CAPACITY? _____
NAME AND LOCATION _____
REMEMBER TO PROVIDE WRITTEN PROOF FOR CREDIT.

13. IN YOUR OWN HANDWRITING, PLEASE TELL US ABOUT YOURSELF AND EXPLAIN WHAT PLANS YOU HAVE MADE TO HANDLE THE FINANCIAL SIDE OF NOT BEING EMPLOYED DURING THE PROGRAM AND THAT YOU HAVE RELIABLE TRANSPORTATION.

SIGNATURE _____ DATE _____