

Saddleback College
EMS Education

APPLICATION FOR PARAMEDIC PROGRAM

Name _____
 Home Phone _____ Cell Phone _____
 Address _____ City _____ Zip _____
 Email Address _____
 Saddleback College Student ID _____

EDUCATION:

High School _____ Year Graduated _____ GED _____
 College _____
 Degree _____ Year Completed _____ Major _____
 EMT course Location _____ Date _____
 Fire Academy Location _____ Date _____

Have you ever applied to this program before? No _____ Yes _____
 If so, for what class number? _____
 Have you ever attended a paramedic program? No _____ Yes _____

Name of program	Dates Attended	Reason for leaving

The following items must be attached to the application:

Received	(For Office Use Only)
	Copy of High School Diploma or GED
	California EMT license Expiration: _____
	BLS (CPR) card Expiration: _____
	Matriculation results if applicable
	Written verification of one year full time experience as a first responder on ambulance or fire apparatus

*** Incomplete applications will NOT be considered. ***

For Office Use Only

Interview:	Yes () No ()
Interview date and time:	

Saddleback College Courses

Course	Grade	Year
Cardiac Dysrhythmias (HSC 217)		
Paramedic Preparation (EMT 219)		
Medical Terminology (HSC 201)		
ACLS (HSC 226)		
(other)		
(other)		

Other Academic Courses

Course	College/School	Hours	Grade	Year

Fire Department/ Ambulance Employment (Please list most current first)

Employer	Job Title	Dates	FT or PT	# of yrs./months

Other Employment (Please list most current first)

Employer	Job Title	Dates	FT or PT	# of yrs./months

Signature below acknowledges the following requirements and conditions of enrollment:

1. Background check is required.
2. Current physical examination and liability insurance is required.
3. The information contained in the application is true and correct and subject to verification

Applicant Signature

Applicant releases all information on Matriculation Scores to Paramedic Program.