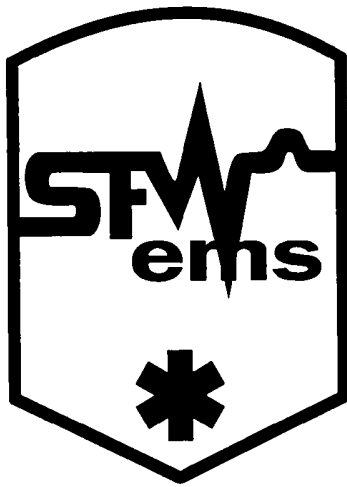


Northwestern Medicine – Delnor Hospital  
Southern Fox Valley  
Emergency Medical Services  
And  
Waubonsee Community College



WAUBONSEE  
COMMUNITY COLLEGE

*Where futures take shape*

Paramedic Training Program

2020 Application Information

Part I



## Paramedic Training Program



WAUBONSEE  
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# Admission Requirements for 2020 Paramedic Training Program

## GENERAL INFORMATION

The next Paramedic Training Program is scheduled to begin on Tuesday, January 21, 2020. Our program is affiliated with Waubonsee Community College. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) has awarded initial accreditation to the Emergency Medical Technician-Paramedic program at Waubonsee Community College, Sugar Grove, IL.

The recent peer review conducted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation standards.

This course is in accordance with the National EMS Guidelines, Illinois Department of Public Health requirements, and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. The course is comprised of didactic and lab/clinical hours and a field internship.

To enroll into our program **EVERYONE must complete** the Region IX Paramedic Training Course Application (without the ride time agreement) and Waubonsee's New Student Information Form (even if you are a current student) (included at the end of this packet) bring the completed form with Sealed High School and/or College transcripts and a \$100.00 (cash or check payable to Delnor Hospital) processing fee to the **EMS Office at Delnor Hospital 300 Randall Road Geneva, IL 60134 no later than July 12, 2019**. You will then receive an application packet with instructions for the next steps in the process.



ADMISSION PROCESS

**Application Process**

Date: June 1, 2019 to July 12, 2019

Time: Monday through Thursday 8 am to 4:30 pm

Please bring the completed Region IX Paramedic Training Course Application (without the ride time agreement) and the New Student Information Form (NSIF) with your Sealed High School and/or College transcripts (if applicable) and a \$100.00 (cash or check) processing fee to the EMS Office at Delnor Hospital 300 Randall Road Geneva, IL 60134.

When you turn in these items you will pick up an application packet.

**Written Testing**

Prospective students that have submitted all required items (NSIF, transcripts, and fee) will take a battery of exams depending on the transcripts that are turned in. These exams may include a reading, writing and math assessment.

All exams will be administered at Waubonsee Community College – assessment office at the Sugar Grove Campus and can be taken after you receive your testing ticket and must be completed between August 1<sup>st</sup> and September 14<sup>th</sup>.

In addition, all prospective students will take a Paramedic Entrance Exam. This test date and location will announced on the testing ticket as well.

**Acceptance into the Program**

Placement in the course will be based upon multiple criteria, including but not limited to:

- Successful score of 75% on the Paramedic Entrance Exam
- EMS System affiliation
- Approval from EMS Medical Director and/or EMS System Coordinator

All applicants will be notified by written mail of their tentative acceptance status no later than Monday, October 21, 2019.



## **Mandatory Orientation/ Information Session**

For applicants accepted into the program

Date: Saturday, November 9, 2019

Room: Northwestern Medicine Delnor Hospital; 351 Medical Office Building;  
Lower Level Room 3 & 4.

Time: 9 am to 11 am

Information about the course and completion requirements will be discussed  
Families or others that are affected by you attending this course are encouraged to  
attend so they can get an idea of the time requirements.

Registration information for the spring semester will be given out at this orientation  
session.

### **ADDITIONAL REQUIREMENTS**

Waubonsee Community College requires students to provide evidence of health, immunization, and Healthcare CPR certification. A packet of required information will be issued to each student at the Mandatory Orientation on November 9<sup>th</sup>. The packet must be returned to the Office of the Dean for Health Professions and Public Service located at 2060 Ogden Ave. Aurora, IL 60504, office FOX107 by the first night of class.

**DRUG SCREENING:** In order to comply with clinical agency requirements, Waubonsee Community College paramedic students must submit to a mandatory drug screening (initial, random, and reasonable suspicion).

All drug screens include tests for Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methamphetamine, Opiates, Methadone, Oxycodone, Phencyclidine and Marijuana. Students who present with positive results without documentation of medical necessity will not be allowed to continue in the program. Refusal by a student to submit to testing will result in that student's dismissal from the program.

Instructions for completion of the drug screening process will be supplied by Waubonsee Community College.



## Paramedic Training Program



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CRIMINAL BACKGROUND FINGERPRINT CHECK: Due to the requirements of our clinical/externship partner organizations, a criminal background fingerprint check will be required upon admission to the program.

Students who present with a criminal record may be asked to discuss that criminal record with a clinical/externship partner organization for approval before attending the clinical experience, externship or practicum.

In addition, prior criminal convictions may preclude or impede future employment and/or potential state or national industry-certification or licensing opportunities.

You are encouraged to ask counselors, faculty or the Dean for Health Professions and Public Service any questions you may have prior to registration.

### CONTACT INFORMATION

Direct any questions regarding the Paramedic Training Program to:

Evan.Darger@nm.org  
Paramedic Program Coordinator  
(630) 938-8465  
[Evan.Darger@nm.org](mailto:Evan.Darger@nm.org)

All dates are subject to change due to room availability.

# New Student Information Form



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COMMUNITY COLLEGE

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New students who have never attended Waubonsee before are required to complete this New Student Information Form. *Please refer to the following steps to complete enrollment.*

## New Credit Students (full-time and/or degree-seeking)

*Complete these steps if you want to do any of the following:*

*Enroll as a full-time student (12 credit hours or more)*

*Earn a degree or certificate*

*Receive financial aid*

*Transfer credit earned at another college to WCC\**

**STEP 1** Complete and submit the New Student Information Form, which can be found on pages 67-68 or online at [www.waubonsee.edu/nsif](http://www.waubonsee.edu/nsif). Once this form is processed by Admissions, you will be issued an X-number that you will use throughout your Waubonsee career.

**STEP 2** If you are interested, apply for financial aid. Visit [www.waubonsee.edu/financialaid](http://www.waubonsee.edu/financialaid) for step-by-step instructions. Also see page 10.

**STEP 3** Obtain proper course placement in English, reading and math based on your ACT or SAT scores, placement testing results or previous coursework\*. For details and test preparation tools, visit [www.waubonsee.edu/placement](http://www.waubonsee.edu/placement) or contact Assessment. **You must have an X-number to take Waubonsee's placement tests.**

**STEP 4** Complete your Electronic Registration and Planning (E-RAP) tutorial online, where you'll learn how to use the college catalog, credit schedule and your test scores to select courses. You'll then register and pay for your first semester of courses online. Access E-RAP through the mywcc portal at [mywcc.waubonsee.edu](http://mywcc.waubonsee.edu). Look under "Helpful Resources."

**STEP 5** If entering in the fall or spring, register for a free New Student Orientation session as you would for any other class.

## New Credit Students (part-time and not seeking a degree)

*Complete these steps if you want to do any of the following:*

*Enroll as a part-time student (less than 12 semester hours)*

*Don't meet any criteria for "new full-time and/or degree-seeking" category*

**STEP 1** Complete and submit the New Student Information Form, which can be found on pages 67-68 or online at [www.waubonsee.edu/nsif](http://www.waubonsee.edu/nsif). Once this form is processed by Admissions, you will be issued an X-number that you will use throughout your Waubonsee career.

**STEP 2** If you plan to enroll in an English or math course or receive financial aid, obtain appropriate placement based on your ACT or SAT scores, placement testing results or previous coursework\*. For details and test preparation tools, visit [www.waubonsee.edu/placement](http://www.waubonsee.edu/placement) or contact Assessment. **You must have an X-number to take Waubonsee's placement tests.**

**STEP 3** Meet with an Admissions Advisor and complete Electronic Registration and Planning (E-RAP) prior to registering (*highly recommended*).

**STEP 4** Register for classes in person, by mail or fax. You can register at the same time you submit the New Student Information Form.

**STEP 5** Pay for your classes at the time of registration (full or partial payment).

## Returning/Continuing Students

*Complete the following steps if you have been enrolled at Waubonsee during a previous semester.*

## New Noncredit Students

*Students interested in Community Education or Workforce Development courses should complete the Noncredit Registration Form, which can be found in each semester's noncredit schedule and online at [www.waubonsee.edu/register](http://www.waubonsee.edu/register).*

### Questions? Call (630) 466-7900

Admissions . . . . .	ext. 5756
Assessment . . . . .	ext. 5700
Counseling, Advising and Transfer Center . . . . .	ext. 2361
Financial Aid . . . . .	ext. 5774
Registration . . . . .	ext. 2370

*\* Students wishing to transfer credits to Waubonsee need to submit official transcripts and complete the online Transcript Evaluation Request Form (TERF) at [mywcc.waubonsee.edu](http://mywcc.waubonsee.edu). Log in with your X-number and password, select the student tab, go to the student forms box, and select the registration tab to open the form. This step needs to be completed before course placement or Electronic Registration and Planning (E-RAP).*

# Major Codes

## Associate Degrees and Certificates

### Transfer Degree Codes

#### Associate in Arts (AA)

Art	AA05
Business	AA07
Communication	AA50
Criminal Justice	AA09
Economics	AA10
English	AA15
Graphic Art	AA20
History	AA25
Liberal Arts	AA35
Mass Communication	AA40
Music	AA45
Philosophy	AA55
Political Science	AA60
Psychology	AA65
Social Work	AA73
Sociology	AA75
Theatre	AA85

#### Associate in Science (AS)

Biology	AS12
Chemistry	AS20
Clinical Laboratory Science	AS24
Computer Science	AS60
Early Childhood Education	AS32
Education	AS40
General Science	AS48
Geography	AS49
Geology	AS50
Mathematics	AS68
Nursing Transfer	AS72
Physical Education	AS76
Physics	AS80

#### Associate in Engineering Science (AES) Transfer Degree

AES1

#### Associate in Fine Arts (AFA) Transfer Degree

Art Option	AFA1
Music Performance Option	AFA3

#### Associate in General Studies (AGS) Degree and Certificate

General Studies AGS Degree	GS10
General Studies Certificate	GS20

### Associate in Applied Science (AAS) Occupational Degrees and Certificates

<b>Accounting AAS</b>	<b>010A</b>	<b>Early Childhood Education AAS</b>	<b>570B</b>	<b>Management - Human Resources</b>	
Accounting	013A	Child Care Worker	572B	Human Resources	
Payroll and Tax Accounting	015B	ECE Level 2	573C	Management AAS	131B
CPA Preparation		Infant and Toddler		<b>Mass Communication AAS</b>	<b>970B</b>
Post-Baccalaureate	017B	Level 2	574C	Mass Communication	972B
CMA Preparation		School-Age Level 2	575C	<b>Music</b>	
Post-Baccalaureate	018B	<b>Emergency Medical Technician Basic</b>	402A	Audio Production Technology	986A
<b>Apprentice Training Program</b>		<b>Fire Science Technology AAS</b>	<b>610A</b>	<b>Nurse Assistant</b>	
Construction Technology		Firefighter	612A	Basic Nurse Assistant Training	427A
Professional AAS	780A	Fire Officer I	613C	<b>Paraprofessional Educator AAS</b>	<b>590A</b>
<b>Auto Body Repair</b>		<b>Geographic Information Systems AAS</b>	<b>260A</b>	Paraprofessional Educator	594A
Auto Body Repair AAS	700B	Geographic Information Systems	263A	<b>Phlebotomy Technician</b>	<b>435A</b>
Basic Auto Body Repair	703B	Advanced Geographic Information Systems	265B	<b>Photography</b>	
Advanced Auto Body Repair	705B	<b>Graphic Design AAS</b>	<b>930B</b>	Basic Digital Photography	905A
<b>Automation Technology</b>		Graphic Design	938C	Comprehensive Photography	907A
Automation Technology AAS	735A	Web Design	944B	<b>Real Estate</b>	
Automation Technology	736A	Animation	945A	Real Estate Broker	165A
Basic Mechatronics Technology	739A	<b>Health Care Interpreting: English/Spanish (AAS)</b>	<b>630B</b>	Real Estate Managing Broker	168A
Supply Chain Technician	738A	Health Care Interpreting: English/Spanish	635B	<b>Welding Technology AAS</b>	<b>890A</b>
<b>Automotive Technology AAS</b>	<b>710A</b>	<b>Health Information Technology AAS</b>	<b>110C</b>	Welding	893C
Automotive Maintenance	713A	Medical Office	115A	Advanced Welding	895A
Engine Performance	714A	Health Care Coding	118C	<b>World Wide Web</b>	
Automotive Electrical/Electronics	715A	<b>Heating, Ventilation and Air Conditioning AAS</b>	<b>800A</b>	Website Development AAS	331B
Automotive Brake/Suspension	716A	Heating, Ventilation and Air Conditioning	804A	Web Authoring	337A
Automotive Transmission/Driveline	717B	<b>Human Services AAS</b>	<b>650A</b>		
Automotive Transportation Service Technology AAS	711A	Addictions Counseling	652A		
Automotive Recycling	718A	Alcohol and Drug Counselor	655A		
Light Duty Diesel Repair	712A	Post Baccalaureate	655A		
<b>Business Administration AAS</b>	<b>130C</b>	<b>Interpreter Training</b>	<b>662A</b>		
Administrative Assistant	077A	<b>Kinesiology AAS</b>	<b>440B</b>		
Management	138B	Kinesiology	442B		
Marketing	153A	<b>Laboratory Technology AAS</b>	<b>845A</b>		
<b>Computer Aided Design and Drafting AAS</b>	<b>200A</b>	Laboratory Technology	847B		
Computer Aided Drafting	209D	<b>Legal Interpreting: English/Spanish</b>	<b>621C</b>		
Advanced Computer Aided Design and Drafting	211A	<b>Machine Tool Technology</b>			
<b>Computer Information Systems</b>		Advanced Manufacturing Technology AAS	840A		
Computer Software Development	220D	Machine Operator	841A		
Computer Software Development	228B	Manual Machinist	842A		
Computer Support AAS	223A	CNC Operator	843A		
Computer Support	243A	CNC Programmer	844A		
Computer Gaming	239A				
Office Software Specialist	245A				
<b>Construction Management AAS</b>	<b>730B</b>				
Construction Management	732A				
<b>Criminal Justice AAS</b>	<b>550B</b>				

For detailed information about all the degrees and certificates offered by Waubonsee, see the college catalog or visit [www.waubonsee.edu/credit](http://www.waubonsee.edu/credit).

### Programs with Special Admission Applications

Until you gain official acceptance to these programs, you should use the corresponding codes listed.

<b>Emergency Medical Technician</b>		<b>Registered Nursing</b>	
Emergency Medical Technician-Paramedic (AAS)	GS10	Nursing AAS	AS72
<b>Interpreter Training AAS</b>	<b>GS10</b>	<b>Surgical Technology</b>	
<b>Medical Assistant</b>		Surgical Technology	GS10
Medical Assistant	GS10	<b>Therapeutic Massage</b>	
		Therapeutic Massage	GS10



# New Student Information Form



**WAUBONSEE**  
COMMUNITY COLLEGE

*Please print in black ink. Note: If you have never taken a class at Waubonsee before, you must complete this entire form and submit it prior to or while registering.*

*You are accepted to Waubonsee upon receipt of this completed form. Admission to the college does not ensure acceptance to a particular course or program of study. Students interested in disability accommodations should contact the Access Center for Students with Disabilities at (630) 466-7900, ext. 2564.*

<b>Section I</b>				<b>Plan to attend (check one):</b> <input type="checkbox"/> Full-time (12 or more credit hrs.) <input type="checkbox"/> Part-time (less than 12 credit hrs.)  <i>International students should contact Admissions for a special application packet.</i>
First Term of Enrollment: (check one)	<input type="checkbox"/> Fall 20____ (Aug. - Dec.)	<input type="checkbox"/> Spring 20____ (Jan. - May)	<input type="checkbox"/> Summer 20____ (June - July)	
I am a: (check all that apply)	<input type="checkbox"/> New Student at Waubonsee <input type="checkbox"/> Returning WCC Student	<input type="checkbox"/> Student using prior college credits toward WCC degree <input type="checkbox"/> Financial aid applicant (current or future)	<input type="checkbox"/> Summer student only (transfer credit to home institution)	

<b>Section II</b> Student ID (if known): X _____					
Social Security #: _____ - _____ - _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If you do not have a SSN, contact Admissions.</i>					
Legal Name: _____			Date of Birth: ____/____/____		
Last First Middle Initial			Month Day Year		
Permanent Address:					
Street Address		Apt./Unit No.	City	State	Zip Illinois County
List any other names, including different last names, used previously to help identify records submitted to Waubonsee.					
_____					
Telephone: _____					
Home		( <input type="checkbox"/> Primary Contact)	Cell	( <input type="checkbox"/> Primary Contact)	Work ( <input type="checkbox"/> Primary Contact)
E-mail Address: _____					
If you are not a resident of WCC District #516, in which community college district do you reside? _____					

<b>Section III</b> <i>This information is requested solely to comply with federal and state laws. Your response will not affect consideration of your application or registration.</i>  Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No  Check one or more of the following race/ethnicity groups. <input type="checkbox"/> American Indian/ Alaska Native (5) <input type="checkbox"/> Hispanic (3) <input type="checkbox"/> Asian (4) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (9) <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> White (1)  Please indicate your primary race/ethnicity using the number from the list above _____ Are you in the United States on a Visa – Nonresident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your home country of origin? _____ _____
--

<b>Section IV</b>  <input type="checkbox"/> I received a GED Date Received (month/year): _____  <input type="checkbox"/> I am not a high school graduate and have not received the GED  <input type="checkbox"/> I am a high school graduate Graduation Date (month/year): _____  <input type="checkbox"/> I am in high school & will graduate Graduation Date (month/year): _____  <input type="checkbox"/> I completed high school early and will graduate later  Name of High School: _____  Location: _____ City State
---



**Section V—** List the name and code of your intended academic major at Waubonsee from the list on page 113.

Name of Major/Program: \_\_\_\_\_ Major Code \_\_\_\_\_

**Section VI**

Which statement most accurately reflects your educational objective and your primary reason for attending Waubonsee?

(Check all that apply.)

- ☐ Prepare for transfer to a 4-year college/university
- ☐ Earn an associate degree in a transfer program
- ☐ Improve present occupational skills
- ☐ Prepare for new or first career
- ☐ Earn an associate degree in General Studies (non-transfer)
- ☐ Remedy or review basic academic skills deficiencies
- ☐ Take some courses without earning a degree or certificate at WCC
- ☐ Pursue non-degree personal interests

**Military Status (choose one)**

- ☐ No military service
- ☐ Active Duty
- ☐ Active Reserve
- ☐ National Guard
- ☐ Inactive Reserve
- ☐ Veteran
- ☐ Dependent of a veteran or service member
- ☐ Survivor of a veteran or service member

**Section VII—** What is the highest level of education attained in the U.S. by your

- Mother:** ☐ High school diploma ☐ GED ☐ Some college ☐ Associate Degree ☐ Bachelor's Degree
- ☐ Graduate Degree ☐ No high school diploma or GED ☐ Unknown
- Father:** ☐ High school diploma ☐ GED ☐ Some college ☐ Associate Degree ☐ Bachelor's Degree
- ☐ Graduate Degree ☐ No high school diploma or GED ☐ Unknown

**Section VIII—** List all colleges previously attended.

Name of College	City and State	Start Date	End Date	Degree/Certificate (if any)

**Document Retention.** All documents submitted to Waubonsee Community College for admission purposes become the property of the college. Documents will not be released to students nor will they be forwarded to other educational institutions or agencies.

**Section IX—** I hereby certify that, to the best of my knowledge, the information furnished is true and complete. I understand that if it is found to be otherwise, it is sufficient cause for dismissal.

Signature

Date

Mail or return your completed form to:

Waubonsee Community College  
Admissions  
Student Center, Room 260  
Route 47 at Waubonsee Dr.  
Sugar Grove, IL 60554-9454  
Phone: (630) 466-5756  
Fax: (630) 466-4964

All information provided to Waubonsee will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. (Public Law 93-380)

Waubonsee Community College does not discriminate on the basis of race, color, religion, gender, sexual orientation, age, national origin, veteran's status, marital status, disability or any other characteristic protected by law in its programs and activities. For more information on the college's nondiscrimination policies, contact the Executive Director of Human Resources at (630) 466-7900, ext. 2367; Waubonsee Community College, Route 47 at Waubonsee Dr., Sugar Grove, IL 60554-9454.

**FOR OFFICE USE ONLY**

Processed By

Date

<b>Region IX</b> <b>PARAMEDIC TRAINING COURSE APPLICATION</b>
--

Site applying for: \_\_\_\_\_  
PLEASE TYPE OR PRINT LEGIBLY

<b>STUDENT INFORMATION</b>
----------------------------

Name:	Home Phone #:
Address: Apt:	Date of Birth:
City:	Social Security #:
State: Zip Code:	County:
Employer:	
Address: Phone:	
Current Occupation: Scheduled Hours:	

<b>EDUCATION</b>
------------------

Note: Official high school or college diploma/transcripts must be sent to EMS office prior to start of class

<b>High School Education</b> School Attended: Address	Year Graduated:
<b>Undergraduate Education</b> College Attended: Address	Years Completed: 1 2 3 4 Degree Earned: Date:
<b>Graduate Education</b> College Attended: Address	Years Completed: 1 2 3 4 Degree Earned: Date:
<b>Other Education</b> School Attended: Address:	Diploma/Certification earned:  Date:

<b>EMT-B / EMT-I INFORMATION</b>
----------------------------------

**Note: Copy of Current EMT-B/I license must be included with application**

Training Site:	Date Completed:
EMT Employer:	
Address:	
Type of Provider: <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Volunteer	
Your Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Paid on call <input type="checkbox"/> Volunteer	
Date of Hire/Active EMT-B/I Service:    From:                      To:	
Other/Comments: _____	

<b>Licensing Action and Felony Statement</b>
--

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?	<i>If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?	

## Field Experience Agreement

**Complete this side if you will be riding with a department where you are an employee/member**

**Employer Agreement:**

I hereby affirm and declare that the applicant is currently employed as an EMT-B/EMT-I and is in good standing with this department. I agree to participate in the training of the applicant, provide opportunity for supervised field experience, assure completion of blood borne pathogen training, and provide opportunity for Hepatitis B immunization. I understand that false statements may be considered sufficient cause for removal of the applicant from the training course.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

**Complete this side if you will be riding with a department where you are NOT an employee/member**

**Non-Employer Agreement**

I hereby confirm that the applicant is not employed by this agency/department. However, I agree to provide opportunity for supervised field experience to the applicant during his/her paramedic training and assure completion of blood borne pathogen training. This agreement in no way constitutes an employer/employee relationship.

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

## OUT-OF-SYSTEM COURSE AGREEMENT

**Note: This section must be completed ONLY when student is attending an out-of-system course**

**To be completed by student:**

Primary System: \_\_\_\_\_

Reason for not attending primary system course: \_\_\_\_\_

**To be completed by Primary EMS System Coordinator:**

I hereby confirm that \_\_\_\_\_ is a member of \_\_\_\_\_  
(Name of applicant) (Name of Ambulance Agency/Fire Dept.)

and is a participant in the \_\_\_\_\_ EMS System. I am aware that \_\_\_\_\_  
(Name of applicant)

is applying for acceptance into the \_\_\_\_\_ Paramedic Training Program. I approve of this

application and agree to permit this student to obtain his/her field internship requirements riding in this system meeting

the requirements set forth by the \_\_\_\_\_ Paramedic Training Program.

\_\_\_\_\_  
Signature of EMS System Coordinator

\_\_\_\_\_  
Date

## APPLICANT AGREEMENT

Have you ever applied for a paramedic training course before?

☐ Yes

☐ No

If yes, Site: \_\_\_\_\_

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

Reason for not attending? \_\_\_\_\_

Have you ever attended a paramedic training course before?

☐ Yes

☐ No

If yes, Site: \_\_\_\_\_

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

Reason for not completing program? \_\_\_\_\_

I hereby affirm and declare that the foregoing statements are true and correct. I understand false information or statements may be considered as sufficient cause for removal from the Paramedic Training Course.

Signature of Applicant: \_\_\_\_\_

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