PARAMEDIC EDUCATION PROGRAM
APPLICATION

Emergency Medical Services
Education Program

Please return the application and supporting documentation to:

Pueblo Community College
EMS Education Department
900 W Orman Ave
Pueblo CO 81004
SECTION 1

NAME: ____________________________________________
    Last      First       MI
Address: ____________________________________________
    Street    City       State  Zip
Telephone: ____________________________________________
    Home       Cell
e-mail address: ______________________________
Occupation: __________________________ Full time □  Part-time □
Employer: ____________________________________________
Employer Address: _______________________________________
Employer Phone: _________________________

SECTION 2

EMS Affiliation: __________________________ Address: __________________________
Length of Active EMS Involvement: __________________________
EMS Certification Number: __________________________ State _____________
Date Certificate Issued: ___________ Expiration Date: ___________

SECTION 3

<table>
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<tr>
<th>Education History</th>
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<tr>
<td>Name of School</td>
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Have you requested transfer of transcripts to PCC? □ YES □ NO
Pueblo Community College      EMS Department      Paramedic Application

Have you completed both BIO 201 and 202?  □ YES  □ NO
If no what is your plan to finish?

Do you understand you will be required to pass a background check and a drug screen to be considered for the paramedic program?
□ YES  □ NO

SECTION 4

Why are you considering Paramedic school? Describe your EMS experience and goals.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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After reading the statement, place your initials in the box provided if you understand the statement and agree.

1. I understand the EMS Program pre-requisites and have met those pre-requisites, unless identified previously, and that my application is complete only when all the documentation required has been provided. □
2. I understand that upon acceptance and enrollment, tuition and fees are due to Pueblo Community College. □
3. I understand that entrance to the program does not guarantee Paramedic State certification. □
4. I understand that acceptance of the application does not constitute an offer or promise of training, nor an offer or promise of employment following training, nor does it obligate Pueblo Community College. □
5. I understand that all information in this application is subject to verification. If falsification of this document is demonstrated, my application shall be considered unacceptable for admission to Pueblo Community College Paramedic program □
6. I have read and signed the Common Functional Abilities Statement. □
PCC Paramedic Program Application Procedure

Each applicant shall meet the following criteria to be considered for the program:

1. Complete an advising session with a PCC paramedic instructor. Call 719-549-3489 to schedule an appointment.

2. Submit an application for admission to the PCC Paramedic program. (see above.)

3. Hold a high school diploma or general education equivalent, and be at least 18 years of age.

4. Demonstrate successful performance on Accuplacer pre-screening examination in reading, English, and math at the college level. This requirement may not apply if the applicant has sufficient ACT/SAT scores or prior college education.

5. Completion of the prerequisites Anatomy and Physiology I&II. BIO 201 and BIO 202 and provide an unofficial copy of transcripts for these courses.

6. Provide one letter of recommendation from an agency in which the applicant is providing care. For applicants who are not affiliated with an EMS agency a letter of recommendation from any employer can be substituted.

7. Hold and maintain a current CPR card for Professional Rescuers for the duration of the program.

8. Hold and maintain a current Colorado EMT with an IV endorsement or an Intermediate certificate for the duration of the program.

9. Read and sign a copy of the EMS Functional Abilities Statement (attached).

10. Demonstrate proof of appropriate immunizations as required by field/clinical sites of the PCC program. Vaccination records will be reviewed by the PCC clinic physician. Required vaccinations are MMR, TB test, Hep B, tetanus, varicella and influenza.

11. Complete a PCC criminal background check (will receive information at interview)
12. Compete and pass a drug screen as required by the clinical sites. (to be done within three weeks of the start of the program, not earlier)

You must also complete all application procedures for general admission to Pueblo Community College.

www.pueblocc.edu