



**Ben Clark Training Center
EMERGENCY MEDICAL SERVICES
PARAMEDIC PROGRAM APPLICATION**



Refer to program overview for application submission deadlines.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

EDUCATION:

High School _____ Year Graduated _____ or GED _____

College? () Yes () No If yes, what college did you attend? _____
If you received a degree, what was your major? _____

Have you ever been convicted of a felony? () Yes () No
If yes, please explain (use additional paper if necessary)

EMS EMPLOYMENT HISTORY

Employer	Job Title	Dates	FT or PT

Please attach the following to this application:

Verification of High School Diploma or GED	} LEGIBLE PHOTO COPIES
Current EMT Card	
Current CPR Card	
Driver's license or proof of age	
Passport size photo	
Written verification of one year and 1000 hours work experience within the last three years.	
Biology 45 (or equivalent)	

APPLICANT'S SIGNATURE _____ **DATE** _____

For Office use only

Received	
	Verification of High School Diploma or GED
	EMT Card
	CPR Card
	Driver's License or proof of age
	Passport size photo
	BIO-45 or equivalent
	Verification of experience with 1000 hours