



Application for Admission to Emergency Medical Services Professional Paramedic

Answer ALL questions. Please type or print.

SEMESTER OF ENTRY: [] Fall [] Spring Year _____ Application Date _____

PERSONAL DATA

NAME _____ / _____ / _____
First Middle Last Maiden Name DOB. (MM/DD/YYYY)

Home Address _____
Number and Street City State Zip

Permanent Address (if different from above)
Number and Street City State Zip

Primary Phone Number _____ Alternate Phone Number _____

E-mail _____ Preferred Method of Contact _____

In case of emergency notify:

Name Relationship
Address _____ Phone _____
Number and Street City State Zip

U.S. Citizen: [] Yes [] No If no, Type Visa _____ Visa Number _____

U.S. Military Service: [] Yes [] No If yes are you still? [] Active [] Reserve [] Inactive

Branch: _____ Rank: _____ Specialty: _____ Type of Discharge: _____

Do you have any physical disabilities which might interfere with carrying out patient care responsibilities or job related activities? [] Yes [] No

If yes, explain

CRIMINAL HISTORY

Have you ever been arrested for, charged with, indicted, convicted, or received deferred adjudication for a felony, or misdemeanor other than traffic violations listed as "Class C" misdemeanors.*

[] Yes* [] No* [] I do not wish to disclose this information at this time*

*Students must submit to and pass an official background check by Odessa College before being allowed to conduct any form of patient contact. Certain charges and convictions as well as failure to disclose relevant information, or giving false information, may be grounds for ineligibility, or dismissal from this program.

Odessa College is an Equal Opportunity Institution.

Odessa College does not discriminate on the basis of sex, race, color, national origin, religion, disability or age.

If yes please provide, on a separate piece of paper, the following information for each charge. These records will be destroyed after a preliminary determination of eligibility.

Date: _____ Charge: _____ Class: F1, F2, F3, A, B, C
State: _____ County: _____ Court: _____
Cause Number: __ (if known) _____ Final Disposition: _____
Extenuating Circumstances: _____

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EDUCATION

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Name of School	Location	Dates	Diploma/Degree	Major/Minor	Credits and GPA
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High School (or GED)

College/University

College/University

College/University

Technical (or Other)

Are you currently on academic suspension or probation? YES NO

Current GPA at Odessa College _____

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PROFESSIONAL LICENSES OR CERTIFICATION

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Type	Issued By	Number	Date	Expiration
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Have you ever had a license or certification denied, revoked, or suspended? Yes No

If yes please explain.

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RELEVANT EXPERIENCE

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Have you ever, or are you, currently working with any type of EMS Service or Medical provider either paid or voluntary?

1. Name of service _____

Complete Address: _____ Telephone no. _____

Supervisor's name _____ Title _____

Dates of affiliation: From _____ to _____ Nature of duties _____

Reason for leaving _____

2. Name of service _____

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Complete Address: _____ Telephone no. _____

Supervisor's name _____ Title _____

Dates of affiliation: From _____ to _____ Nature of duties _____

Reason for leaving _____

3. Name of service _____

Complete Address: _____ Telephone no. _____

Supervisor's name _____ Title _____

Dates of affiliation: From _____ to _____ Nature of duties _____

Reason for leaving _____

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FOLLOW UP INFORMATION

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It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

	Name	Complete Mailing	Address	Telephone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

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PLEASE READ AND SIGN THE FOLLOWING

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal for the program.

Signature of Applicant

Date

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