

**APPLICATION for ADMISSION to the Paramedic, Intermediate or Enhanced PROGRAM**

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Applying for: \_\_\_\_\_ Paramedic                      \_\_\_\_\_ EMT-Intermediate                      \_\_\_\_\_ EMT-Enhanced

FULL LEGAL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ EmplID: \_\_\_\_\_

CURRENT EMS CERTIFICATION LEVEL: \_\_\_\_\_

DATE CERTIFICATION EXPIRES: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

(Please attach a copy of card.)

TYPE OF CURRENT CPR CARD (provider and course): \_\_\_\_\_

\_\_\_\_\_ DATE CARD EXPIRES: \_\_\_\_\_

(Please attach a copy of card.)

HIGH SCHOOL NAME: \_\_\_\_\_

and ADDRESS: \_\_\_\_\_

DATE GRADUATED: \_\_\_\_\_ OR GED COMPLETED: \_\_\_\_\_

(Please attach a copy of your high school diploma or GED certificate and high school transcript.)

COLLEGE(S) ATTENDED, DATES ATTENDED, AND DEGREES RECEIVED:

1. \_\_\_\_\_

2. \_\_\_\_\_

(Please attach a copy of all college transcripts.)

**OTHER EDUCATION, CERTIFICATIONS, or TRAINING and DATES RECEIVED:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

(Attach an additional sheet if necessary.)

**EMS AFFILIATION & EXPERIENCE: AGENCY, DATES, DUTIES PERFORMED**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

(Attach an additional sheet if necessary.)

Have you ever been convicted of a felony involving a sexual crime OR have you ever been convicted of any other felony under the laws of Virginia or of the United States within the last five (5) years?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

I understand that all information on this application is subject to verification and I consent to a criminal history background check.

I understand that falsification of any portion of this application may be reason for termination from the paramedic program. I certify the above stated information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date