Moorpark College Paramedic Studies Program

Last Name: _____ First Name: _____ Previous Name(s) if any _____

Ethnicity: ☐Asian- Non Filipino ☐African American ☐Hispanic ☐White ☐American Indian ☐Filipino ☐ Other: _____

If you do not have a Moorpark College Student ID # please submit an Application for Admission to the college.

MC Student ID#: _____ **Date of Birth _____ **Gender: ☐Female ☐Male
**For statistical purposes only

Address _____City _____State: _____Zip Code _____

Home Telephone No. _____Cell Phone No. _____Email_____@my.vcccd.edu

CA EMT License #: _____ Expiration Date: _____ CA Driver's License #.: _____ Class: _____

1.Medical Experience

☐ Medical Military Experience – Number of Years: _____   ☐ RN/LVN – Number of Years: _____
☐ EMT-1 (Attach Documentation) – Number of Years: _____   ☐ Other – Specify: _____ - Number of Years: _____

Applicant *must* answer the following. Attach additional documentation as needed:

2. Background

Have you ever had a professional license or certification of any kind, suspended, revoked or rescinded? ☐ Yes ☐ No
If yes, please explain:_____
_____
_____

Have you ever been, or are you currently, the subject of a pre-hospital certification or license disciplinary proceeding, investigation, or administrative action by a regulatory agency or institution? ☐ Yes ☐ No
If yes, please explain:_____
_____
_____

Have you ever (as an adult or juvenile) been arrested, convicted of a crime such as misdemeanor or felony or filed a
plea of nolo contender? ☐ Yes ☐ No
If yes, please explain:_____
_____
_____

3. Education

Have you taken a Paramedic Preparation Course? ☐ Yes ☐ No
If so, where and when? _____

Have you previously attended a Paramedic Program? ☐ Yes ☐ No
If yes, please explain: _____
_____

Highest Degree held: _____If no college degree, did you earn a: ☐GED ☐HS Diploma

List all schools attended, including all colleges and/or universities, beginning with high school

High School:		Address:	
From:	To:	Did you graduate: ☐ Yes ☐ No	Diploma earned: ☐ Yes ☐ No
		GED Earned: ☐ Yes ☐ No	

College:			Address:		
From:	To:		Did you graduate: ☐ Yes ☐ No		Degree earned:
College:			Address:		
From:	To:		Did you graduate: ☐ Yes ☐ No		Degree earned:
Other:			Address:		
From:	To:		Did you graduate: ☐ Yes ☐ No		Degree earned:

4. Employment History
This section <u>must</u> be completed to be eligible for consideration into the Moorpark College Paramedic Studies Program.

If you are presently employed, may we contact your employer for a reference? ☐ Yes ☐ No
If no, please explain: _____

_____

_____

Have you ever been discharged from a job? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Beginning with your most recent employer or service, include all employment, military service, and volunteer work, since completing high school. Attach additional pages as needed.

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		

Company:		Phone:
Address:		Supervisor:
Job Title:		

Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		

5. Required Supporting Documentation: <u>Include with</u> application:

- Current Basic Life Support course completion card from the American Heart Association (AHA), the American Red Cross (ARC), or a third-party provider. (The course completion card must reference the Basic Life Support course content, in accordance with ECC Guidelines. ANY other course completion card will not be accepted)

- Copy of applicant's current EMT Certification. (i.e., NREMT Certification, California EMT Certification, etc.) **If the EMT Certification expires while enrolled in or prior to the Paramedic Program, students will be ineligible to complete the Paramedic Program and dropped for failure to remain compliant with the regulatory standards.

- Copy of the applicant's valid California driver's License.

- Copy of the applicant's DD-214 form, if a veteran or spouse of a veteran. (Veteran Eligibility: active military, naval or air service and discharged under conditions other than dishonorable. Includes full-time duty in the National Guard.)

- If no college degree, copy of applicant's official high school transcripts or proof of successful completion of the GED. (mcems@vcccd.edu)

- Copy of applicant's official transcripts from all attended colleges and/or universities, with dates of conferred degrees if applicable. (mcems@vcccd.edu)

- Three (3) separate letters of reference in support of the applicant's application. (A personal reference, a professional reference, and an academic or school-based reference)

- A personal essay written by the applicant between 500 to 750 words, describing personal experiences; personal motivations; knowledge, skills, and abilities; and goals for pursuing a career in the Paramedic field, which make the applicant the most suitable candidate for the Moorpark College Paramedic Studies Program. (Double spaced, 12 font)

- (OPTIONAL) Letter from your employer, verifying the total number of completed hours and nature of your work as an EMT. Must be on official agency or organization letterhead, as well as the physical signature of an immediate supervisor.

I hereby certify that all statements made within this application are true and correct to the best of my knowledge. I understand, agree and accept that any falsification by act or omission, or intentional attempt to deceive, will disqualify me from consideration for acceptance into the Moorpark College Paramedic Studies Program, for this semester and all future semesters. I authorize Moorpark College and their representatives to verify the statements and information within this application.

APPLICATION WILL NOT BE ACCEPTED IF NAME NOT PRINTED, NOT SIGNED, OR NOT DATED BY APPLICANT. APPLICATION MUST BE TYPED

Print Name: _____Student Signature: _____Date:_____