

CLEVELAND CLINIC AKRON GENERAL • PARAMEDIC EDUCATION PROGRAM

Ohio Accreditation #301 * CAAHEP Accreditation #600072

EMERGENCY MEDICAL TECHNICIAN (EMT-B) COURSE APPLICATION

Name _____ Date _____
(Last) (First) (M)

Home Address _____ City _____ State _____ ZIP _____

Cell Phone (_____) _____ Email Address _____

SS# _____ Emergency Contact _____ Phone _____

EDUCATION

Name of High School _____ Graduation Date _____

Name of College _____

Major area of study _____ Dates attended _____

____ I am a University of Akron Student and will be financing tuition through UA for this course.

My UA Student ID# is _____.

CURRENT EMPLOYER

Company Name _____

Address _____ City _____ State _____

County _____ Zip Code _____ Phone Number (____) _____

Job Functions: _____

Employment Dates: From _____ To _____

Supervisor: _____ Number of Hours per week: _____

*****This question must be answered:** Have you ever been convicted of a felony? **YES NO** (If yes, please explain on the back.)

I, hereby, attest that I have no federal, Ohio or State restrictions on my person or driver's license that would prohibit me from functioning as an EMT student. I also affirm that I have no known medical problems or disabilities that would prohibit me from performing EMT student duties. Cleveland Clinic Akron General is hereby authorized to perform a full integrity review of statements and documents submitted by me for admission to the EMT program expressly for the purpose of determining my acceptability to the standards of the Cleveland Clinic Akron General Paramedic Education EMT Program.

I certify that statements regarding my acceptability are true to the best of my knowledge and fully understand that any false statements made in my application will be cause for dismissal or non-acceptance into the Cleveland Clinic Akron General Paramedic Education EMT Program.

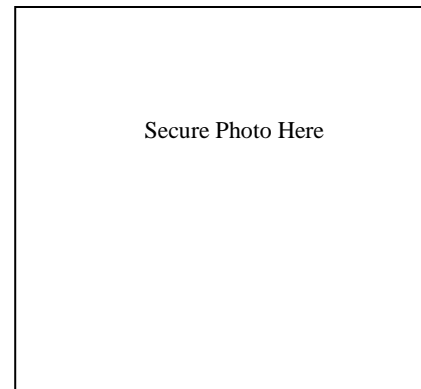
Signature of Applicant _____ Date _____

You must submit the following documents with your application - APPLICATIONS WITHOUT THE BELOW DOCUMENTATION will be returned. Application and all of the below must be received on or before Friday before the scheduled Pretest. You must have a current American Heart Association (AHA), American Safety and Health Institute (ASHI), or American Red Cross (ARC) Basic Life Support (BLS) Healthcare Provider Card before the first night of class.

- ____ Official High School and College Transcripts. (or Equivalent (G.E.D).)
- ____ A copy of your Ohio Driver's License.
- ____ A small current picture of yourself (2X2, wallet, or snapshot)
- ____ A copy of current AHA, ASHI, or ARC BLS Health Care Provider Card (Must be current through end of course.)
- Ohio Department of Public Safety Certification# _____ (if applicable)

SUBMIT YOUR APPLICATION AND DOCUMENTS TO:

Cleveland Clinic Akron General
Paramedic Education Program
1 Akron General Avenue
Akron, OH 44307
Benderd3@ccf.org



OFFICE USE ONLY: Application submitted for EMT CLASS # _____ Received on _____

TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 AS AMENDED PROHIBITS JOB DISCRIMINATION BECAUSE OF RACE, COLOR, SEX, NATIONAL ORIGIN, OR HANDICAP