



CLEVELAND CLINIC AKRON GENERAL • EMT EDUCATION PROGRAM
Ohio Accreditation #301

Cleveland Clinic Akron General Paramedic Education is offering an Emergency Medical Technician class in the fall of 2020. Classes are held on Monday, Wednesday and Thursdays from 6:00 p.m. – 10:00 p.m. Approximately 36 hours of clinical experience are required for the program. Classes begin on Monday, August 24, 2020 and end on Thursday, December 3, 2020.

The current program tuition is \$950.00 and covers all course materials. The student will be responsible for the \$80.00 National Registry Exam fee upon completing the program. Tuition is due the first night of class by certified check or money order only.

MINIMUM APPLICATION REQUIREMENTS:

The Applicant must meet the following requirements and deliver copies of the below listed documents and application to the Paramedic Office no later than Thursday, July 9, 2020 at 9:00 a.m.

- At least 18 years of age
- Hold a valid Ohio Driver's License
- Hold a current AHA, ASHI, or ARC BLS Healthcare Provider Card (A course will be offered before the start of class)
- Completed application and checklist with \$20.00 application fee (due at time of submission, cash only)

The application and the above documents must be submitted in person and will be reviewed for completeness. Applications that are incomplete will not be accepted.

ADMISSION REQUIREMENTS:

- Receive passing score on the pre-entrance examination
- Personal Health History, Immunization Record, and Physician Physical Exam (Forms will be distributed in Acceptance Packet).
- Hepatitis B series and current influenza vaccinations are required.
- 10 Panel Urine Toxicology Screen is required. Results must be negative. (Must be completed after date of acceptance)
- Successfully pass a background check

PRE-ENTRANCE EXAMINATION:

- The Pre-Entrance Examination will be held on Friday, July 10, 2020 at 9:00 a.m. which will consist of the Wonderlic Scholastic Level Exam. All candidates will be notified of any changes no less than two weeks prior to the exam.

If you have further questions, please contact the Paramedic Education office at (330) 344-6655 during business hours 7:30 a.m. - 3:30 p.m., Monday through Friday.

EMT Application Checklist

Please ensure that the entire checklist is complete before submitting your application. All applications and documents must be received by the office no later than 9:00 a.m. on Thursday, July 9, 2020. All applications must be submitted in person. Incomplete applications will not be accepted.

The following must be submitted before being offered a seat for the pretest:

- Completed Application
- \$20 Application Fee (Cash only)
- A current picture of yourself (Passport Size 2"x 2")
- Copy of your Ohio Driver's License
- Copy of your current CPR Certification
(A course will be offered before the start of class for students that do not have a CPR card)
- Copy of your High School Diploma

The following must be received before being starting the program:

- Have official copies of your High School Transcript sent directly to the program from the school
- Have official copies of all College Transcripts sent directly to the program from the college

Transcripts should be mailed to:

Cleveland Clinic Akron General
Paramedic Education Program
1 Akron General Avenue
Akron, OH 44307



This application is being submitted for EMT Class 35 which begins on August 24, 2020. The application and all required documents must be received by 9 a.m. on Thursday, July 9, 2020 for consideration and eligibility to sit for the pre-entrance exam. The pre-entrance exam will occur on Friday, July 10, 2020 at 9:00 a.m.

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

Address _____ City _____ State _____

County _____ Zip Code _____ Home Phone (_____) _____

Cell Phone (_____) _____ Email _____

Social Security Number _____ Are you 18 years of age or older? **YES** **NO**

Notify in Emergency/Relation _____ Phone (_____) _____

EDUCATION

Name of High School _____ Graduation Date: _____

Name of College _____ Major _____ Dates Attended/Graduation Date: _____

Ohio Department of Public Safety Certification # _____ (if applicable)

Will you be attending this Paramedic Class as a University of Akron Student? **YES** **NO**
(If so, supply your UA STUDENT ID # _____)

CURRENT EMPLOYER

Organization _____ Supervisor _____

Address _____ City _____ State _____

County _____ Zip Code _____ Phone Number (_____) _____

Job Functions _____

Employment Dates: From _____ To _____ Number of Hours per week _____

PREVIOUS EMPLOYER

Organization _____ Supervisor _____

Address _____ City _____ State _____

County _____ Zip Code _____ Phone Number (_____) _____

Job Functions _____

Employment Dates: From _____ To _____ Reason for Leaving _____

CRIMINAL HISTORY

Have you ever been convicted, plead guilty to, or no contest to a felony? **YES** **NO**
(If YES, please explain on a separate sheet of paper)

PERSONAL ESSAY

Why do you want to become an Emergency Medical Technician?

Note: Do not sign this application until you have read and understand the following provision:

I hereby attest that the information given by me in this application is true in its entirety, and I agree that if any of the information is misrepresented, admission into the Cleveland Clinic Akron General (CCAG) Paramedic Education Program may be revoked at any time without liability to CCAG. I further agree that if I am admitted into the program and it is discovered that the information contained in this application is false or misleading in any way, I am subject to immediate dismissal. As an applicant for admission to the Paramedic Education Program at CCAG, I authorize CCAG to investigate my background. I further authorize any and all past employers, schools, references, and any all other persons and organizations to answer all questions asked by CCAG staff as it relates to my character and background. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to CCAG.

With my signature below, I hereby authorize any city, county, state, or federal law enforcement agency or court to release to CCAG any information they possess concerning my background, including information concerning prior arrests which resulted in conviction or any pending matter to which has not been resolved.

Signature of Applicant _____ Date _____