

OFFICE USE ONLY		* REQUIRED WITH APPLICATION/**BY INTERVIEW	Date Received _____	
*High School Diploma _____	*Driver's License _____	History _____	Interview _____	Place Recent Photo Here (above shoulders)
*GED _____	*Ohio EMT Card Exp _____	Exam _____	Questionnaire _____	
*College Diploma _____	NR EMT Cert Exp _____	Ref #1 _____	Liability Ins _____	
*Nursing Diploma _____	*BLS Card Expiration _____	Ref #2 _____	Immunizations _____	
**College Transcript _____	**High School Transcript _____	*Picture _____	A&P Course _____	

CLEVELAND CLINIC AKRON GENERAL • PARAMEDIC EDUCATION PROGRAM
Ohio Accreditation #301 • CAAHEP Accreditation #600072

EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC APPLICATION

Application and documents **must be received** by Tuesday, July 2, 2019 for consideration and eligibility to sit for the pre-entrance exam. The pre-entrance exam will occur on Tuesday, July 9, 2019 at 6:00 p.m. The successful candidate will be invited for an interview on July 15—17, 2019. This application is being submitted for Class # 45 which begins in September, 2019 and finishes in June, 2020.

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

Home 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 (____) _____

EMS SERVICE AFFILIATION (If Applicable) _____

Address _____ City _____ State _____

County _____ Zip Code _____ Phone Number _____

Full-time _____ Part-time _____ Volunteer _____ How many hours per week do you work? _____

Supervisor _____ How long have you been an EMT-B: _____

EDUCATION

Name of High School _____ Graduation Date _____

Name of College _____

Major area of study _____ Dates attended/or Graduation Date _____

OHIO EMT Certification #: _____
Name and date of Completion of EMT Program/Facility

Have you ever applied to this Paramedic Program before? **YES NO** (If YES, Date :) _____

Have you ever been a student in this program or another Paramedic Program? **YES NO** (If YES, name of program, dates of attendance, and reason for non-completion) _____

Are you enrolling for this paramedic class as a **University of Akron Student**? Yes or No (Please Circle)
If Yes, supply your UA STUDENT ID # _____

CURRENT EMPLOYER (If different or in addition to EMS affiliation listed on the front page)

Organization: _____
Address _____ City _____ State _____
County _____ Zip Code _____ Phone Number (____) _____
Job Functions: _____
Employment Dates: From _____ To _____
Supervisor: _____ Number of Hours per week: _____

PREVIOUS EMPLOYER

Company Name _____
Address _____ City _____ State _____
County _____ Zip Code _____ Phone Number (____) _____
Job Functions: _____
Employment Dates: From _____ To _____
Supervisor: _____ Reason for Leaving: _____

*****This question must be answered:** Have you ever been convicted of a felony? **YES NO**
If yes, please explain on a separate sheet of paper.

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 a paramedic student. I also affirm that I have no known medical problems or disabilities that would prohibit me from performing paramedic student duties. Akron General is hereby authorized to perform a full integrity review of statements and documents submitted by me for admission to the paramedic program expressly for the purpose of determining my acceptability to the standards of the Cleveland Clinic Akron General Paramedic Education 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 Program.

Signature of Applicant _____ Date _____

You must submit the following documents with your application:

- * 1. A copy of your High School Diploma/GED **and** College or Nursing Diploma if applicable.
- * 2. A copy of your Ohio EMT or EMT-Intermediate and/or National Registry EMT or EMT-Intermediate Certification and **actively seeking and obtaining** Ohio reciprocity by the first night of class.
- * 3. A copy of your Ohio Driver's License.
- * 4. A copy of your Current AHA, ASHI, or ARC BLS Health Care Provider Card
(Must be current through May of next year)
- * 5. A small current picture of yourself (2X2, wallet, or snapshot - No Photo Copies)
- * 6. Proof of successful completion of Anatomy & Physiology (A&P) I and II (Advanced) if not listed on transcripts. (An online opportunity to complete the State of Ohio A&P requirement is an option for students upon admission into the program). Course information will be included in the admission packet to be completed by student before the first night of class. The student will be responsible for registration, fees and providing the program with the A&P certification of completion.
- ** 7. **Official High School and College Transcripts are required for the Interview Process. Please request High School and College to send transcripts to the address listed below before interview.**

SUBMIT YOUR APPLICATION AND DOCUMENTS TO:

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