

**Supplemental Application
Paramedic Education**

General Information

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

Education History and Certification Information

of attempts to pass National Registry EMT exam: _____

I have attended a Paramedic program in the past: Yes: No:

Program name (if applicable): _____

Dates attended (if applicable): _____

Reason for program incompleteness (if applicable):

I have applied to the Cleveland Clinic Paramedic Education Program in the past: Yes: No:

Date of application (if applicable): _____

Ohio Public Safety Certification #: _____

Ohio EMT card expiration date: _____

National Incident Management System (NIMS) 100 certification date: _____

National Incident Management System (NIMS) 700 certification date: _____

Basic Life Support (BLS) certification expiration date: _____

*** Please note you will be required to upload copies of the following items in the student information system, Campus Café, as part of the application process:**

BLS certificate

NIMS 100 certificate

NIMS 700 certificate

Valid Ohio Driver's license

EMT State Card

Official High School Transcript/High School Diploma/GED

Letter of Recommendation

Resume/CV

Immunization for Chicken Pox (Varicella)

Immunization for Influenza

Immunization for Measles, Mumps, and Rubella (MMR)

Hepatitis B Vaccination/Titer or Waiver

Tetanus, Diphtheria, Pertussis (Tdap) Booster

Tuberculosis (TB) Test

I certify that all information submitted in the admission process, including this application and any other supporting materials, is my own work, factually true, and honestly presented, and that these documents will become the property of the School of Health Professions and will not be returned to me. I am aware I must meet health and background check requirements in order to begin my program. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and certificate should the information I have provided be false. I agree to notify the School of Health Professions immediately should there be any change to my criminal history or the information requested in this application.

Signature: _____ Date: _____