PHSC
PASCO-HERNANDO STATE COLLEGE

CERTIFICATE IN PARAMEDIC

APPLICATION INFORMATION CHECKLIST

Limited Access Health Programs: CC-PARA

AUGUST ADMISSION application cycle for the North Campus: January 15 – June 30
JANUARY ADMISSION application cycle for the West Campus: August 1 – October 25
CONTACT: 727-816-3371 or admissions@phsc.edu

All Applications must be submitted to LAHApps@phsc.edu

IMPORTANT	
APPLYING	Applicants must submit ALL limited access program admission requirements listed below in order to be considered for review. **Once an application packet is submitted, it cannot be amended.**
INCOMPLETE APPLICATIONS	Students who attempt to submit an incomplete application will not be processed and must reapply to the program and repay the limited access application fee once all requirements have been met.
DEADLINE	Complete applications are due **NO LATER THAN close of business of THE DEADLINE DATE.** If the application deadline date falls on a day the College is closed, the application will be accepted no later than close of business on the next business day.
NO RESPONSE/ FAILURE TO ENROLL	Applicants who do not respond to an offer of admission by the date indicated on the acceptance letter or who fail to enroll for the term for which admission is offered must reapply for a future date.

#	INITIAL	LIMITED ACCESS PROGRAM APPLICATION REQUIREMENTS
1		PHSC general admission online application with a $25 non-refundable fee for new students or a PHSC Readmission application for returning PHSC students not enrolled for more than 1 year or 3 consecutive terms (no fee).
2		Certificate in Paramedic paper application.
3		Original receipt of payment of the $25 non-refundable limited access application fee payable at college store.
4		• Clear, enlarged copy of current driver's license indicating a physical mailing address **(PO Box addresses will not be used for residency preference in the selection process)**. • Current EMT Employment Verification form validating current EMT employment. If a driver's license or equivalent, or EMT Employment Verification form does not prove Pasco or Hernando County residency, it will be processed as a non-resident (out-of-county) application.
5		Clear, enlarged copy of current Florida EMT **license**. (National registration is not the equivalent of an EMT license)
6		Official high school transcript with graduation date indicating receipt of a standard high school diploma or an official transcript of GED scores indicating receipt of a high school equivalency diploma, if not already submitted.
7		Official transcripts from each U.S. College or University attended other than PHSC. Official transcripts must be received by the application deadline.
8		A cumulative grade point average for college level credits of 2.0 or higher.
9		Completion of the following prerequisite course with at least a grade of "C" or higher: • HSC 2531 Medical Terminology 3 CR course
10		Signed Application Information Checklist for the Certificate in Paramedic.
		ACKNOWLEDGEMENTS
11		I understand that any previous unsuccessful attempts in paramedic courses may result in being denied entry per guidelines outlined in the Paramedic Program Student Handbook.
12		**Graduation:** If selected, I understand that I must have both an overall GPA of 2.0 and a PHSC program GPA of 2.0 in order to graduate from the selected program.
13		**Tobacco Use:** I understand that the use of tobacco at all PHSC campuses is prohibited and that I will refrain from all tobacco use.
14		**Orientation Requirement: If selected, BLS for Health Care Providers CPR Certification (PHSC Course NCH0050) taken at PHSC or from a PHSC Training Site due at Orientation.**

SELECTION PROCESS

Applicants who meet minimum requirements as of the deadline date will be ranked based upon overall GPA & length of employment. In addition, residents of Pasco and Hernando Counties or those employed as EMTs in fire departments in Pasco or Hernando counties will receive preference over out-of-county residents.

SIGNATURE

I certify that I have read and understand the statements above and that I am submitting all items listed under the Limited Access Program Application Requirements section.

_____	_____	_____	_____
SIGNATURE	PRINT	STUDENT ID	DATE