



LIMITED ACCESS HEALTH PROGRAMS
 CERTIFICATE IN PARAMEDIC APPLICATION
 TC-PARA

AUGUST ADMISSION
 Jan 15 – June 30 by 7:30 p.m.
 West Campus

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office at any PHSC campus no later than 7:30 p.m. on the deadline date. Once an application packet is submitted, it cannot be amended. Prior to submitting this limited access application to the Admissions and Student Records Office, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

Reminder: Please provide a clear, enlarged copy of your driver’s license indicating a physical address (PO Box addresses will not be accepted), a clear copy of your Florida EMT license, and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist.

PLEASE COMPLETE

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT ID	EMAIL ADDRESS	PREVIOUS NAMES
ADDRESS		
CITY	STATE	ZIP CODE
() _____ HOME PHONE	() _____ WORK PHONE	() _____ CELL PHONE

APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Paramedic program at PHSC.

SIGNATURE	DATE
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FOR OFFICE USE	FOR COLLEGE STORE USE
DATE STAMP:	DATE: _____ CASHIER: _____ RECEIPT NO: _____ AMOUNT: _____



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CURRENT EMT EMPLOYMENT VERIFICATION

TC-PARA

IMPORTANT

Preference for admission to the Certificate in Paramedic program will be given to those currently employed as EMTs in a fire department in Pasco or Hernando County and/or those who are residents of Pasco or Hernando County. PHSC would like to know if applicant is currently _____ an EMT or _____ not employed as an EMT.

APPLICANT INFORMATION

STUDENT NAME: _____

STUDENT ID NUMBER: _____

EMPLOYER INFORMATION

To verify such employment, the applicant needs to have the following information completed and submitted with the Limited Access Health Program application.

EMPLOYER: _____
AGENCY/COMPANY

EMPLOYER ADDRESS: _____
ADDRESS

_____ CITY STATE ZIP CODE

EMPLOYER'S STATEMENT/VERIFICATION

I certify that _____ is currently employed as a licensed
EMPLOYEE NAME

Emergency Medical Technician which is located in _____ County.

LENGTH OF EMPLOYMENT: YEARS: MONTHS: _____

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE & DATE: _____

SUPERVISOR TITLE: _____

DATE OF EMPLOYMENT BEGAN/ENDED: _____

SUPERVISOR PHONE NUMBER: _____

SUPERVISOR EMAIL ADDRESS: _____