

**Marquette General Health System
School of Emergency Medical Technology**



EMT-Paramedic Course Application

Name (Last, First, Middle): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (_____) _____ - _____

Employer: _____ Work Phone: (_____) _____ - _____ Date of Birth: _____

Occupation: _____ E-mail Address: _____

Social Security Number: _____ - _____ - _____ Drivers License Number: _____

In case of emergency, notify: _____ Phone Number: (_____) _____ - _____ Relationship: _____

Circle highest level of education completed: High School 1 2 3 4 GED

Voc. Tech. _____ (Please specify) _____

College 1 2 3 4 Type of Degree _____

Other: _____ (please specify)

Applicants who meet the following criteria will be fully considered on an individual basis for admission.

Admissions criteria:

1. Must submit a completed application no later than **August 15, 2008**.
2. You must possess a current Michigan EMT-B license or National Registry EMT-B certification or higher.
3. You must possess current AHA or Red Cross CPR (Provider/AED) certification.
4. Provide proof of high school graduation or equivalent.
5. Provide proof of being at least 18 years of age.
6. Your Physician must verify, at your expense, that you meet the minimum physical standards required for the profession of EMT-Paramedic. These include, but are not limited to:
 - Your ability to:
 - Frequently lift and carry objects weighing 125 pounds or more.
 - Stand, climb, balance, stoop, kneel, crouch, or crawl for extended periods of time and / or on uneven terrain.
 - Hear audible sounds.
 - Grasp and hold objects for an extended period of time.
 - Demonstrate good motor coordination (coordinate hand – eye movement).
 - Withstand varied environmental conditions.
 - Demonstrate excellent communication skills
7. You may be asked to complete a personal interview with an admissions committee.
8. You must possess a valid Drivers License.
9. You must complete the Adult Basic Learning Examination (ABLE) at a 10th grade level or higher in all areas. (Exam will be scheduled by the School of EMT prior to start of class)
10. Provide two (2) letters of reference: one from an EMT-Paramedic, and at least one from an active EMS Instructor/Coordinator.
11. The Applicant must provide proof of the following immunizations:
 - Hepatitis B series (HBV) (HBV series must be started, or completed prior to the first night of class)
 - Current TB test (with-in 1 year)
12. You will be required to submit to a Criminal Background Check with acceptable results.

Additional Admissions Information:

Answer the following questions: (Circle your answer) (Please, explain any “YES” answers. Use additional paper if necessary)

- 1) Have you ever been convicted of, or are you awaiting trial for a felony or misdemeanor? YES NO
- 2) Have you ever been convicted of reckless driving or driving under the influence of alcohol? YES NO
- 3) Have you ever been convicted of possession, or manufacturing or distribution of illegal or illicit drugs? YES NO

NOTE: If you answered “YES” to any of the above questions, it may affect your eligibility for employment and/or your licensure/certification eligibility in the State of Michigan and/or with the National Registry of Emergency Medical Technicians.

Location you would like to attend: 1st Choice _____

2nd Choice _____

What do you plan to do with this training? (Please check all that apply)

- EMS Career EMS Agency Fire Department Career Building In a Hospital or Clinic
- Other _____

Do you plan to volunteer for a local EMS agency? Yes No If yes, what service? _____

Have you contacted the Service Director yet? Yes No

Do you intend to utilize this training locally? (Within the Upper Peninsula) Yes No

To complete your application, please attach the following:

1. Clear and readable copy of current CPR card (Front and Back)
2. Clear and readable photocopy of valid drivers license (Front and Back)
3. Current Michigan EMT-B license or National Registry Certification-Basic (or higher).
4. Verification of current TB (with-in 1 year) and HBV vaccinations.
5. Two (2) letters of reference: one from an EMT-Paramedic, and at least one from an active EMS Instructor/Coordinator
6. Verification of minimum physical standards from your Physician.
7. Verification of High School completion or equivalent.
8. Criminal Background Check.

Incomplete applications will not be considered.

Marquette General Health System, School of Emergency Medical Technology is an equal opportunity institution and does not discriminate with regard to race, color, religion, sex, age, or national origin. We participate with the “Americans with Disabilities Act of 1992” and will provide accommodations with accordance of the law.

Signature of applicant: _____ Date: _____

Submit application to:
School of Emergency Medical Technology
Marquette General Health System
580 W. College Ave.
Marquette, MI 49855

Deadline for applications August 15, 2008

NOTICE/AUTHORIZATION FOR BACKGROUND SEARCH

In connection with my participating in the School of EMT Program at Marquette General Health System/NMU, I understand that Marquette General Health System will conduct an investigation of my background including a criminal history check

I am aware that the background investigation will include a criminal history check and may also include information regarding my prior employment, driving record (if relevant to the job), civil history, character, general reputation, personal characteristics, or mode of living.

By providing the information requested below and signing this Notice/Authorization, I authorize Marquette General Health System to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature Marquette General Health System and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered a volunteering position, my volunteering will be contingent upon me successfully passing, in Marquette General Health System's discretion, any investigation conducted by Marquette General Health System. I further authorize Marquette General Health System to supply my volunteer record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

I acknowledge that a facsimile or photographic copy of this signed Notice/Authorization will be as valid as the original.

Print Last Name, First Name & Middle Initial

Any other previous name that you have worked or attended school under.

Social Security Number

Driver's License Number/State

Date of Birth

Sex: Male
 Female

Race: White American Indian or Alaskan Native
 Black Asian or Pacific Islander
 Unknown or Other _____

Current Address: _____

Former Address: _____
(list all within 15 years)

Former Address: _____
(list all within 15 years)

Former Address: _____
(list all within 15 years)

Former Address: _____
(list all within 15 years-use back if necessary)

Signature

Date