



PHOENIX COLLEGE

A MARICOPA COMMUNITY COLLEGE

PARAMEDIC EDUCATION PROGRAM APPLICATION FORM



Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Contact Numbers: (____) _____ (____) _____ (____) _____
Home Work Cell Phone or Pager

Email Address: _____ Date of Birth: _____

EMT Certification Number: _____ Years of experience: _____

EMT Certification Date: _____ EMT Certification Expiration Date: _____

List all college/universities and degrees earned:

Institution Date of Attendance Degree earned

Institution Date of Attendance Degree earned

Institution Date of Attendance Degree earned

Name of Fire/EMS/Institution Agency: _____

Address of Fire/EMS/Institution Agency: _____
Street City State Zip Code

Name of Supervisor: _____ Phone: _____

Current Position/Work History:

Agency Date of Employment Position

Agency Date of Employment Position



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List all Current Certifications and/or EMS Course Completions (i.e. CPR, BTLs, etc):

I UNDERSTAND THAT I MUST BE CERTIFIED AS AN EMT AND CURRENTLY CERTIFIED AS AN EMT, AEMT OR IEMT IN THE STATE OF ARIZONA. ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT FALSIFICATION COULD MEAN DISMISSAL FROM THE PARAMEDIC EDUCATION PROGRAM.

Signature of Applicant

Date

“Phoenix College (600439) is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).”

Include the following items with your application:

- Copy of your current Healthcare Provider CPR card (front and back).
- Copy of your current Arizona and National EMT certification card.
- Two letters of support from currently certified paramedics and/or supervisor
- Any transcripts from colleges/universities attended (unofficial transcripts accepted)
- Completed Physical/Immunization forms
- DPS Fingerprint Card, Commercial Driver’s License or Concealed Weapons Permit.

You may drop off your application and documents at:

Attention:

Orlando Alcordo
1202 West Thomas Road
Phoenix, AZ 85013

Jennifer Gibson
1202 West Thomas Road
Phoenix, AZ 85013

Via email at: orlando.alcordo@phoenixcollege.edu.

jennifer.gibson@phoenixcollege.edu

Or mail it to:

Orlando Alcordo
Phoenix College EMT Department
1202 West Thomas Road
Phoenix, AZ 85013
602-285-7125

Jennifer Gibson
Phoenix College EMT Department
1202 West Thomas Road
Phoenix, AZ 85013
602-285-7213



Student Name: _____

Date: _____

Immunizations

1. Negative 2-Step Tuberculin Intermediate Skin Test (PPD): (Must be good thru the duration of paramedic course)

- Date #1 _____ Result #1 _____ Date #2 _____ Result #2 _____

OR

Chest X-Ray

- Date _____ Result _____

2. MMR Vaccine

- Date #1 _____ Date #2 _____

OR

MMR Titer (must have a positive antibody titer)

- Date _____ Rubella Result _____
- Date _____ Mumps Result _____
- Date _____ Rubella Result _____

3. Varicella Vaccine

- Date _____

OR

Varicella Titer (must have a positive antibody titer)

- Date _____ Varicella Result _____

OR

- Doctor's NOTE dating when you had exposure to Chicken Pox: _____

4. Tdap (within the last 10 years)

- Date _____

5. Influenza (Must be good thru the duration of paramedic course)

- Date _____

6. Hepatitis B Vaccine Series (if you are not receiving the Hepatitis B Vaccine please sign the declination)

- Date #1 _____ Date #2 _____ Date #3 _____

OR

Hepatitis B Titer (must have a positive antibody titer)

- Date _____ Hepatitis B Result _____

Physician Name: _____

Physician Signature: _____



Hepatitis B Declination

If you choose to decline the Hepatitis B series, please read and sign the following section:

I understand that due to my exposure to blood or other potentially infectious materials during the clinical portion of my health science program, I may be at risk of acquiring Hepatitis B virus infection. I have been encourage by the EMT Department faculty/staff to be vaccinated with Hepatitis B vaccine, however, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold Maricopa Community College District as well as all hospital and pre-hospital clinical observation sites harmless from liability in the event I contract the Hepatitis B virus.

Student Name (print)

Student Signature

Date

Student ID #

Faculty Name (print)

Faculty Signature

Date



***** FOR PHYSICIAN USE ONLY *****

PATIENT NAME

AGE

HEIGHT

WEIGHT

PHYSICAL EXAMINATION

DATE: _____

HEENT: _____ **Lungs:** _____

Heart: _____ ****Pulse:** _____ ****BP:** _____

Abdomen: _____ **Extremities/Joints:** _____

Neurologic/Mental: _____

****Vision:** R _____ L _____ ****Corrected:** R _____ L _____

(**indicates the numerical assessment must be documented)

Paramedic candidate must possess the following ability:

1. Strength

Physical strength to lift and carry heavy loads.

2. Mobility

Able to bend, squat, and crawl on even and uneven terrain

3. Manual Dexterity

Ability to move the hand and fingers in coordinated and exact movements

4. Vision

Perfect vision is not a requirement, but must sufficient to perform the required tasks of a student

Based on this physical, do you find any reason why this person cannot physically perform these activities?

Yes _____ **No** _____

If yes, please explain:

PHYSICIAN'S INFORMATION

Name: _____ **MD, DO, PA, FNP** **Signature:** _____
(Please Print) (Circle One)

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____



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| HAVE YOU HAD OR DO YOU HAVE: | YES | NO |
|---|-----|----|
| Vision or Hearing Problems (if yes, please explain) | | |
| Heart Problems (if yes, please explain) | | |
| Childhood diseases (if yes, please explain) | | |
| Epilepsy, Diabetes, High Blood Pressure, Kidney Problems (if yes, please explain) | | |
| Bone/joint disease or injury, back injury (if yes, please explain) | | |
| Serious Injuries/Major surgery, Hernias (if yes, please explain) | | |
| Mental Illness/Nervous Disorder (if yes, please explain) | | |
| Drug/Alcohol problems (if yes, please explain) | | |
| Lung disease (if yes, please explain) | | |
| Skin problems/diseases (if yes, please explain) | | |

I hereby certify that this information is true to the best of my knowledge.

Student Name (print)

Student Signature

Date



Checklist Starter Items for Candidates

1. Complete the ACCUPLACER test or complete RDG101, or have successfully completed the EMT National Registry Test within the last 2 years, or possesses an AA degree or higher from an accredited college or university.
2. Be currently certified as an EMT in the state of Arizona with the Arizona Department of Health Services, Bureau of EMT. Be prepared to show validation of certification card on day one of class.
3. Possess a current CPR card at the Health Care Provider or Professional Rescuer Level from an organization that follows the American Heart Standards. (i.e. AHA, AHI, ACEP).
4. Obtain a physical assessment by a licensed medical professional either a MD, DO, NP or PA. Have the provider complete the assessment form and bring it day one of class.
5. Obtain all documentation of up to date immunizations and complete the immunization form. Bring validating proof of immunizations and completed form on day one of class.
6. Complete the application and turn it into the staff on the day of the entrance examination.
7. Discuss finance options with student financial aid (go to fasfa.gov and create the account now and submit application).

Phone:

(602) 285-7777

Email:

pc-finaid@phoenixcollege.edu

Location:

Hannelly Enrollment Center

Hours:

Spring & Fall: Mon.-Thurs. 9:00 AM – 4:00 PM Fri. 10:00 AM 4:00 PM

Summer: Mon.-Thurs. 8:00 AM – 6:00 PM