

# Moorpark College

Paramedic Studies (Certificate of Achievement)  
Health Sciences Department  
7075 Campus Road  
Moorpark, CA 93021  
tel: (805)378-1433  
mcems@vcccd.edu

For Office Use Only:

Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Transcripts:  HS  College

Official:  HS  College

Program Orientation

Supporting Docs: \_\_\_\_\_

Approved?: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARAMEDIC STUDIES APPLICATION

Please check the program you are applying for: Fall  Spring  Year \_\_\_\_\_

**Only typed applications submitted via email to mcems@vcccd.edu before  
11:59 p.m. on JANUARY 6, 2023 will be considered.**

**\*\*Late or handwritten applications will not be accepted.**

### Personal Information

VCCCD Student ID Number: \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_ Previous Last Name(s) \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CA EMT License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CA Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_

### General Information

If you are presently employed, may we contact your employer for a reference?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this program:  Friend/Relative  Ad  VCCCD Rep.  Other \_\_\_\_\_

To accurately determine institutional compliance with Federal Rights Act of 1964, the Department of Health Education and Welfare requires Moorpark College to collect the following data: (Please select one)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Filipino         |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin)    | <input type="checkbox"/> Other            |
| <input type="checkbox"/> White (not of Hispanic origin)    | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Hispanic                          |   |

Gender:  Female  Male

## Medical Experience

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Medical Military Experience  | Number of Years: _____ |
| <input type="checkbox"/> EMT-1 (Attach Documentation) | Number of Years: _____ |
| <input type="checkbox"/> R.N./L.V.N                   | Number of Years: _____ |
| <input type="checkbox"/> Other                        | Specify: _____         |

### Applicants must answer the following. Attach additional documentation as needed:

Have you previously attended a Paramedic Program?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a professional license or certification of any kind revoked or rescinded?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been, or are you currently the subject of a pre-hospital certification disciplinary proceeding or adverse action? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? | Yes | No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

Have you taken a Paramedic Preparation Course?  
If so, where and when?

Yes

No

List all schools attended, including all colleges and/or universities, beginning with high school

High School:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No
GED Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned:
College:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned:
Other:		Address:	
From:	To:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned:

## Employment History

**\*\*This section must be completed to be eligible for consideration into the Moorpark College Paramedic Studies Program. Beginning with your most recent employer or service, include all employment, military service, and volunteer work, since completing high school. Attach additional pages as needed.**

Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>
<b>May we contact your previous Supervisor for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>
<b>May we contact your previous Supervisor for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please submit copies of the following with your application:**

1. Current Basic Life Support course completion card from the American Heart Association (AHA), the American Red Cross (ARC), or a third-party provider. (The course completion card must reference the Basic Life Support course content, in accordance with ECC Guidelines. ANY other course completion card will not be accepted)
2. Copy of applicant's current EMT Certification. (i.e., NREMT Certification, California EMT Certification, etc.)  
\*\*If the EMT Certification expires while enrolled in or prior to the Paramedic Program, students will be ineligible to complete the Paramedic Program, and dropped for failure to remain compliant with the regulatory standards.
3. Copy of the applicant's valid California driver's License.
4. Copy of the applicant's DD-214 form, if applicable.
5. Copy of applicant's official high school transcripts or proof of successful completion of the GED. (MC EMS@vcccd.edu)
6. Copy of applicant's official transcripts from all attended colleges and/or universities, with dates of conferred degrees if applicable. (MC EMS@vcccd.edu)
7. Copies of applicant's vaccination records, including evidence of COVID (Initial and Boosters), Hep B, Mumps, Measles, Rubella, Rubeola, Varicella, and TDaP.
8. Three (3) separate letters of reference in support of the applicant's eligibility for enrollment. (A personal reference, a professional reference, and an academic or school based reference)
9. An essay of 500 to 750 words, describing your experiences, values, motivations, knowledge, skills, and abilities which make you the most suitable candidate for the Moorpark College Paramedic Program. (Double spaced, 12 font)
10. (OPTIONAL) Letter from your employer, verifying the total number of completed hours and nature of the your work as an EMT. Must be on official agency or organization letterhead, as well as the physical signature of an immediate supervisor.

I hereby certify that all statements made within this application are true and correct to the best of my knowledge. I understand, agree and accept that any falsification by act or omission, or intentional attempt to deceive, will disqualify me from consideration for acceptance into the Moorpark College Paramedic Studies Program, for this semester and all future semesters.

I authorize Moorpark College and their representatives, to verify the statements and information within this application.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_