

Moorpark College

Paramedic Studies Program (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: _____

**Please submit typed applications to mcems@vcccd.edu.
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) if any: _____

Home Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

VCCCD Email: _____@my.vcccd.edu Date of Birth: _____

CA EMT License No.: _____ Expiration Date: _____ CA Driver's License No.: _____ 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 the Federal Rights Act of 1964, the Department of Health Education and Welfare requires Moorpark College to collect the following data: (Please check all that apply)

American Indian or Alaskan Native Asian Black (not of Hispanic origin) Filipino Hispanic
 Pacific Islander White (not of Hispanic origin) Other Decline to state

Gender: Female Male Non-binary

Medical Experience

Medical Military Experience Number of Years: _____ RN/LVN Number of Years: _____
 EMT-1 (Attach Documentation) Number of Years: _____ 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Have you ever had a professional license or certification of any kind, suspended, revoked or rescinded? Yes No

If yes, please explain: _____

Have you ever been, or are you currently, the subject of a pre-hospital certification or license disciplinary proceeding, investigation, or administrative action by a regulatory agency or institution? Yes No

If yes, please explain: _____

Have you ever (as an adult or juvenile) been arrested, convicted of a crime such as misdemeanor or felony or filed a plea of nolo contendere? Yes No

If yes, please explain: _____

Education

Have you taken a Paramedic Preparation Course? Yes No

If so, where and when? _____

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			

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			

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. If no college degree, copy of applicant's official high school transcripts or proof of successful completion of the GED. (mcems@vcccd.edu)
6. Copy of applicant's official transcripts from all attended colleges and/or universities, with dates of conferred degrees if applicable. (mcems@vcccd.edu)
7. 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)
8. A personal essay written by the applicant between 500 to 750 words, describing personal experiences; personal motivations; knowledge, skills, and abilities; and goals for pursuing a career in the Paramedic field, which make the applicant the most suitable candidate for the Moorpark College Paramedic Studies Program. (Double spaced, 12 font)
9. (OPTIONAL) Letter from your employer, verifying the total number of completed hours and nature of 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: _____