



PARAMEDIC PROGRAM APPLICATION

Program Prerequisites

- Must be 18 years of age at start of course
- Must have a high school diploma or GED
- Must be currently certified as Indiana EMT or A-EMT
- Must be currently certified as American Heart Association BLS Provider
- Must have completed A/P 1 prior to program start. A/P 2 may be taken concurrently with Paramedic Program Term 1.

Admissions Timeline

- April 1, 2024 – April 14, 2024: Applications accepted
- April 15, 2024 – April 30, 2024: Competency Testing and Panel Interviews
- May 1, 2024: Offers of Admission extended
- May 15, 2024: Admission acceptance deadline

Application Submission

All applications must be submitted electronically in a **single PDF format** document by email to benjamin.simmons@reidhealth.org. Please include "Paramedic Program Application" in the subject line. Documents should be placed in the following order:

1. Paramedic Program Student Application
2. Copy of Driver's License or State-issued identification card

3. Copy of Indiana EMT/A-EMT certification
4. Copy of American Heart Association BLS Provider CPR certification
5. Copy of High School/GED transcript
6. Copy of A/P 1 and A/P 2 transcripts (if completed)
7. County of Residence limited sheriff department background check
8. Wayne County (if not a current resident) limited sheriff department background check
9. Recommendation letters

Application Packet Instructions

1. Fill out the application in its entirety. DO NOT omit information. Include all requested documentation. Incomplete applications will not be processed.
2. Ensure supervisor/instructor contact information is up to date.
3. You must obtain a criminal history check from your county of residence. The background check for Wayne County residents is completed at the Wayne County Sheriff Department located at 200 E Main St, Richmond. The check is free of charge and only takes a few minutes. You will be provided with a document that must be returned with your application packet. Please make sure you obtain the background check from the Wayne County Sheriff Department. **Background checks from the Richmond Police Department will not be accepted.** *Residents outside of Wayne County should visit their local Sheriff department for a check as well as obtaining a check from Wayne County.*
4. You must include two letters of recommendation, one preferably from your current EMS employer. You may not use family members as a recommendation source.

Competency Testing and Panel Interviews

Provided your application meets the minimum requirements, you will be invited to participate in the competency testing and panel interviews. Admission to the paramedic program is selective, and not all applicants will be offered admission.

Candidates will be notified of admission by May 1, 2024. You must accept your offer in writing and pay the \$500 deposit by May 15, 2024 to secure your spot in the class. Student requirements and additional documentation needs will be discussed at that time.

Personal Information

Name			
Last	First	Middle	
Address			
Street	City	State	Zip
Date of Birth	Driver's License #		
Phone	Email		

Certification Information

Current Certification	Previous Certification (if any)
PSID #	Indiana Expiration
NREMT #	NREMT Expiration
BLS CPR Expiration	Other Certifications

Current EMS Affiliation

Service	BLS <input type="checkbox"/>	Transport <input type="checkbox"/>
	ALS <input type="checkbox"/>	Non-Transport <input type="checkbox"/>
Address		
Street	City	State Zip
Supervisor	Phone	
Hire Date	Position	

Current Non-EMS Employer (if applicable)

Employer			
Address			
Street	City	State	Zip
Supervisor	Phone		
Hire Date	Position		

Education

High School/GED	Diploma
Years Attended	Activities/Clubs
College	Degree
Years Attended	Specialties
EMT Course Training Institution	Years Attended
Instructor	Phone

Have you ever been charged or convicted of a crime other than a minor traffic violation?

Yes ☐

No ☐

Answering "yes" does not automatically disqualify the applicant from the admission process. Conviction of a felony may have a bearing on your ability to be licensed as a paramedic in the State of Indiana.

If yes, please explain:

I acknowledge that all information on this application is correct and that any false statements or omissions may be cause for rejection of my application or dismissal from the paramedic program.

Applicant Signature

Date