



PARAMEDIC PROGRAM APPLICATION

Anatomy & Physiology Options

- Option 1: Completion of APHY 101 & 102 (Anatomy & Physiology I & II), or equivalent, prior to program start date (PREFERRED)
- Option 2: Completion of HLHS 102 (Essential Anatomy & Physiology) prior to program start date
- Option 3: Completion of APHY 101 prior to program start date and APHY 102 concurrently with paramedic program Term 1
- Option 4: Completion of HLHS 102 concurrently with paramedic program Term 1
- Ivy Tech's fall 1st 8-week session begins August 25 and ends October 19. Please contact us with questions regarding Anatomy or Physiology requirements.

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.

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 transcript, or proof of enrollment, for your chosen Anatomy & Physiology option
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

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 in writing. You must accept your offer in writing and pay the \$500 deposit 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