



BALTIMORE CITY COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES
PARAMEDICINE PROGRAM ADMISSION
APPLICATION



Please return this completed form along with supportive documentation (Copies of certifications, Student Inquiry Report and college transcripts from other institution(s) if transferring courses) via Canvas. If you have already submitted official college transcripts, please attach unofficial transcripts to this application.

SOCIAL SECURITY NUMBER _____

NAME _____
(last) (first) (middle)

ADDRESS _____

PHONE NUMBERS: (HOME) _____ (CELL/WORK) _____

E-MAIL ADDRESS _____

The Paramedicine Program will not be responsible for address, telephone and/or e-mail address changes that could result in our inability to reach you.

All prerequisites must be completed prior to the application deadline. Applicants must successfully complete all prerequisites before registering for the first Paramedic class.

Successful completion of all Prerequisites and submission of this application does NOT guarantee acceptance into the Paramedicine Program

Confirm the following requirements:

- Eighteen years of age or older.
- Maryland Certified Emergency Medical Technician

If accepted but you do not accept your seat this year. you must reapply next year.

I understand that if I have ever been convicted of a felony charge and am accepted into the Emergency Medical Services Program at Baltimore City Community College, I may not be able to complete the program, obtain certification and/or licensure, or obtain employment in the field.

Entering your name below indicates that you have read and fully understand what is required of you concerning this application

Name _____

Date _____

