



BALTIMORE CITY COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES
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 EMS Paramedic 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 EMS Paramedic class.

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

Confirm the following requirements:

- Eighteen years of age or older.
- Maryland Certified Emergency Medical Technician.
- Must be able to pass a background check.
- Must be able to pass a drug test.
- Have received and be up to date on immunizations.
- Must have medical insurance.
- Must have medical insurance.
- Must adhere to all college requirements, expectations, rules and regulations.

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 _____