



# Institute for Professional Development

## Lancaster General College of Nursing & Health Sciences/Lancaster EMS Paramedic Program Application Form

*Applicants to the Paramedic Program must be least 18 years of age, a high school graduate or hold a G.E.D., and currently certified as an EMT Basic.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden Name/Other names that may appear on transcripts \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

Gender  Female  Male Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

High School Name \_\_\_\_\_ Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Post Secondary Institution/College Names \_\_\_\_\_

### Race/ethnic group

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> African American, Black         | <input type="checkbox"/> Caucasian, White | <input type="checkbox"/> Hispanic, Latino |
| <input type="checkbox"/> Native American, Alaskan Native | <input type="checkbox"/> Multi-Ethnic     | <input type="checkbox"/> Asian            |
| <input type="checkbox"/> Pacific Islander                | <input type="checkbox"/> Other _____      |   |

**U.S. Citizen**  Yes  No **Non-U.S. Citizen** Country \_\_\_\_\_ Visa Status \_\_\_\_\_

**Employer** \_\_\_\_\_

Have you ever been convicted of a felony or crime of moral turpitude?  Yes  No

*Eligibility to take national certification examinations for health professionals could be adversely affected by a record of criminal conviction. Pre-application may be filed in order to obtain a ruling of the impact of eligibility for examination.*

My signature below indicates that this application information is complete, accurate and honestly presented.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Program Date: August 23, 2010

### Please send the completed form along with the following items before June 11, 2010:

- a non-refundable \$60 application fee made payable to "Lancaster General College"
- a 350-word essay (approximately one page) stating why you want to be a Paramedic
- all official transcripts, i.e. high school, GED, and post-secondary institutions and colleges. (Preferred applicants will have a cumulative grade point average (GPA) of 3.0).
- a copy (front and back) of your EMT-B card
- a copy of your driver's license
- Three (3) recommendations from a guidance counselor, teachers, college professors, college advisors, employers or community/organization leaders. Form may be downloaded from our website <http://www.lancastergeneralcollege.edu/content/Paramedic.htm>.

**Please mail all items to:** Lancaster General College of Nursing & Health Sciences  
Office of Admission  
410 North Lime St.  
Lancaster, PA 17602