



MCA

MEDICAL CAREER ACADEMY

Paramedic Application

*** Non-Refundable Registration Fee \$150.00 ***

Please Print Clearly

Enrollment Status: New Enrollment Readmission Former MCA EMT Student

Applicants Name: _____

Last

First

Middle

Home Address: _____

No. & Street

City

State

Zip

Primary Phone: _____ **Secondary Phone:** _____

Personal Email: _____

Gender: Male Female

Ethnicity: Asian Black/African descent East Indian Latino/Hispanic Middle Eastern
 Native American Pacific Islander White/Caucasian (non-Hispanic) Other _____

Date of Birth: _____ **Social Security #:** ____ -- ____ -- ____

MM/DD/YYYY

Level of Education Completed:

- _____ General Education Diploma
- _____ High School Diploma
- _____ Some College
- _____ Two Year Degree
- _____ Four Year Degree

Citizenship:

- _____ U.S. Citizen
- _____ Permanent Resident
- _____ Student Visa
- _____ Other _____

Have you Ever Been Convicted of a Felony? ____ Yes ____ No

If yes, Please Explain: _____

Student Program Objective: ____ Job Related ____ Personnel Enrichment

If job related, where do you currently work: _____ DOH: _____

Supervisors Name: _____ **Phone Number:** _____

May we contact your Employer: ____ Yes ____ No

Have You Ever Attended Paramedic School Before? ____ Yes ____ No

If yes, where did you attend? _____ What Year? _____

Have you ever attended Fire School? ____ Yes ____ No **Certificate obtained?** ____ Yes ____ No

If yes, where did you attend? _____ What Year? _____

Do you work for a(n) EMS or Fire Department? ____ Yes ____ No

If yes, what department? _____ Month/Year of hire: _____

EMT Certified: ____ Yes ____ No If yes, EMT license expiration date: _____

Applicant Signature: _____ **Date:** _____

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