



7741 N. Military Trail, Suite 4-5 Palm Beach Gardens, FL 33401 (P): 561-283-0400 (F): 561-229-1066
www.mcaedu.org

Enrollment Application

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

Which Program? EMT Paramedic
Enrollment Status: New Enrollment Readmission Former MCA EMT Student

Applicant's Name: _____
Last First Middle

Home Address: _____
No. & Street City State Zip

Primary Phone: _____ **Secondary Phone(if applicable):** _____

Personal Email (Used for ALL Correspondence): _____

Gender: Male Female Prefer Not to Say **DOB:** _____

Ethnicity: _____ **SSN:** _____

Level of Education Completed:

Citizenship:

Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

Student Program Objective: Job Related Personal Enrichment
Do you currently work within the Allied Health/Public Safety field? Yes No

If yes, where do you work? _____ **Date of Hire:** _____

Supervisor's Name: _____ **Phone Number:** _____

May we contact your employer? Yes No

Are you currently part of a Fire Explorer or Cadet Program? Yes No

If yes, with what department? _____

Have you previously attended EMT school? Yes No **Certificate Obtained?** Yes No

If yes, where did you attend? _____ **What year?** _____
Are you currently EMT Certified? Yes No **If yes, EMT License Expiration Date:** _____

Have you previously attended Fire School? Yes No **Certificate Obtained?** Yes No

If yes, where did you attend? _____ **What year?** _____

Have you previously attended Paramedic School? Yes No

If yes, where did you attend? _____ **What year?** _____

Applicant Signature: _____ **Date:** _____

If under 18 years of age, a Parent/Guardian signature is REQUIRED!

Parent/Guardian Signature: _____ **Date:** _____