

Paramedic Medicine Program Application Form



APPLICANT INFO

Name: _____ Date of Birth: _____ SSN: _____
Home Address: _____
City: _____ State: _____ Zipcode: _____
Email: _____ Phone: _____ NSHE ID: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

EDUCATION (complete all that apply; proof of highest graduation must be attached)

High School: _____ City: _____ Graduation Date: _____
College: _____ City: _____
Highest Degree Awarded: _____ *Completion Date:* _____

EMPLOYMENT (last 5 years, most recent first)

Employer:		Supervisor:			
From:	Until:	Status:	Full Time	Part Time	Per Diem
Employer:		Supervisor:			
From:	Until:	Status:	Full Time	Part Time	Per Diem
Employer:		Supervisor:			
From:	Until:	Status:	Full Time	Part Time	Per Diem

PERSONAL STATEMENT

The reason I want to attend the CSN Paramedic Medicine Program is:

Employer/CSN Communications

While enrolled in the paramedic program, do you plan on maintaining employment? Yes No

If you are accepted into the program and are employed with an EMS or fire agency - do you give the CSN EMS faculty permission to discuss your progress with your agency's Clinical Director/Manager or Chief of EMS as it relates to your cognitive, psychomotor, or affective domain? Yes No

Criminal History

If you have been convicted of any type of felony crime, it is *strongly* advised you immediately contact the Southern Nevada Health District Office of EMS Training and/or the National Registry of EMTs. Some felony convictions will result in denial of licensure or certification as a paramedic or the ability to sit for these examinations.

I have read the above statement and understand that both clinical placements and professional certification/licensure is privilege not a right, which may be affected by my criminal background.

Yes No

Program Expenses

I have reviewed the expected program expenses and understand that these are the responsibility of myself or my sponsor. I realize that certain program activities, such as clinical rotations or internship placement, cannot be started until all requirements have been met. It is my responsibility to ensure timely completion of all program requirements and failure to do so may result in my removal from the paramedic medicine program.

Yes No

Attestation

I attest that all the information on the application is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the paramedic medicine program application will result in denial/removal from the paramedic medicine program and/or the College of Southern Nevada.

Yes No

Printed Name

Signature

Date



CSN
COLLEGE OF
SOUTHERN NEVADA

