



APPLICATION FOR PARAMEDIC PROGRAM

Submit completed application by emailing it to eedwards@mcdowelltech.edu, by mail to MTCC Attention Eugene Edwards, Con ED Dept. 54 College Dr. Marion, NC 28752 or in person in the William Harold Smith Building office 115.

Answer all questions completely.

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street/PO City/State/Zip County

Email: _____ Phone #: _____

Are you over 18 years of age: Yes No

Highest grade completed: HS _____ Attach copy of Diploma, GED or equivalent

College Degrees: _____

Have you completed the Career Readiness Certificate (CRC): Attach copy – Gold Level required for Paramedic/AEMT – For CRC contact Job Link at 828-659-6001.

Have you completed an EMT Program: attach copy of certification - If you have not state tested list projected test date: _____

Do you have any felony convictions: Yes No

Are you a member of a NC County Agency that provides Advanced Life Support? Yes No

If yes: Agency name: _____ Contact Person _____

Agency Contact information: _____

Emergency Contact: _____ Phone #'s: _____

I certify that the information on this application is correct. I agree to abide by the rules, policies and regulations of the college and the paramedic program during my enrollment. The college has my permission to release pertinent information on the form to appropriate college staff and in the event of an emergency or illness, my permission to call for medical assistance.

Signature of Applicant

Date