



CANDIDATE APPLICATION FOR PARAMEDIC STUDENT SPONSORSHIP

INSTRUCTIONS FOR COMPLETION

1. The application must be completed in its entirety prior to submission.
2. All signatures and dates required must be affixed.
3. Please clearly PRINT all information unless specifically directed otherwise.
4. Copies of your current EMT card, CPR card, and driver's license must be attached to this application.
5. Any falsification of this application or the provision of misleading information will render the candidate ineligible for sponsorship from Virtua Health.
6. Incomplete applications will not be considered.
7. Mail the completed application to: **Virtua EMS, 523 Fellowship Rd., Suite 220, Mt. Laurel, NJ 08054, ATTN: Paramedic School Admissions**

I am interested in: Evening Program Hybrid Program Not Sure

PERSONAL INFORMATION

| | | |
|-------------------------------------|--------------------------|---------------------------|
| LAST NAME | FIRST NAME | M.I. |
| STREET ADDRESS | | APT # |
| CITY/TOWN | STATE | ZIP CODE |
| PREFERRED PHONE # (required) () | SECONDARY PHONE # () | ADDITIONAL PHONE # () |
| SOCIAL SECURITY # | E-MAIL ADDRESS | |

EMERGENCY CONTACT INFORMATION

In the event an emergency arises, please list the person or persons with whom you wish us to make contact.

| | | |
|---------------------|------------------------|---------------------|
| LAST NAME | FIRST NAME | RELATIONSHIP |
| HOME PHONE # () | DAYTIME PHONE # () | CELL PHONE # () |
| LAST NAME | FIRST NAME | RELATIONSHIP |
| HOME PHONE # () | DAYTIME PHONE # () | CELL PHONE # () |

EDUCATION HISTORY

| SCHOOL | NAME & ADDRESS | YEARS ATTENDED | DID YOU GRADUATE? |
|-----------------|----------------|----------------|----------------------------------|
| HIGH SCHOOL/GED | | FROM: | YES____ NO____ |
| | | TO: | |
| EMT TRAINING | | FROM: | YES____ NO____ |
| | | TO: | |
| NURSING SCHOOL | | FROM: | YES____ NO____ BSN____ RN____ |
| | | TO: | |
| COLLEGE | | FROM: | YES____ NO____ MAJOR: |
| | | TO: | |
| OTHER (SPECIFY) | | FROM: | YES____ NO____ MAJOR: |
| | | TO: | |

RCBC requires all incoming students to complete the ACCUPLACER Online Assessment. Go to <http://www.rcbc.edu/testcenter/accuplacer> for additional information.

PLEASE READ AND CHECK **ONE** OF THE FOLLOWING STATEMENTS:

_____ I **DO NOT** need to take the ACCUPLACER college placement test. I will submit proof with this application.

_____ I **DO** need to take ACCUPLACER the college placement test.

CURRENT CERTIFICATIONS and/or LICENSES

| TYPE | I.D. # | STATE of ISSUE | EXPIRATION DATE |
|-----------------|--------|----------------|-----------------|
| CPR | | | |
| EMT | | | |
| LPN | | | |
| RN | | | |
| OTHER (SPECIFY) | | | |

DRIVER'S LICENSE

| | |
|---|------------------|
| DRIVER'S LICENSE ID #: | EXPIRATION DATE: |
| <p>HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED IN THIS OR ANY OTHER STATE? ____ YES ____ NO. IF YOU ANSWERED "YES" PLEASE EXPLAIN:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

CURRENT EMPLOYMENT

| | | | |
|--------------------------|--------------------------|------------|---------------------------|
| NAME OF COMPANY/EMPLOYER | | | PHONE # |
| ADDRESS | | | |
| POSITION/TITLE | PRIMARY RESPONSIBILITIES | START DATE | NAME OF DIRECT SUPERVISOR |

PREVIOUS EMPLOYMENT

| | | | |
|--------------------------|------------|----------|--------------------|
| NAME OF COMPANY/EMPLOYER | | | PHONE # |
| ADDRESS | | | |
| POSITION/TITLE | START DATE | END DATE | REASON FOR LEAVING |

PREVIOUS EMS EXPERIENCE

| | | | |
|---------------------|------------|----------|--------------------|
| NAME OF SQUAD or FD | | | PHONE # |
| ADDRESS | | | |
| POSITION/TITLE | START DATE | END DATE | REASON FOR LEAVING |

PREVIOUS EMS EXPERIENCE

| | | | |
|---------------------|------------|----------|--------------------|
| NAME OF SQUAD or FD | | | PHONE # |
| ADDRESS | | | |
| POSITION/TITLE | START DATE | END DATE | REASON FOR LEAVING |

REFERENCES

Three (3) reference letters from the list below must be submitted with this application. Current phone numbers must accompany the letters and they must contain ORIGINAL SIGNATURES. Email references WILL NOT BE ACCEPTED. Place a check mark next to the three choices you have attached.

CURRENT OR MOST RECENT EMPLOYMENT SUPERVISOR

SQUAD OR FIRE DEPARTMENT CHIEF

PROFESSIONAL MEMBER OF EMERGENCY SERVICES COMMUNITY (PARAMEDIC, POLICE OFFICER, FIRE FIGHTER, RN, PHYSICIAN, ETC.) HOW LONG HAVE YOU KNOWN THIS PERSON? _____

COORDINATOR OF EMT TRAINING PROGRAM

PERSONAL REFERENCE FROM A PERSON WHO DOES NOT LIVE WITH YOU. HOW LONG HAVE YOU KNOWN THIS PERSON? _____

BACKGROUND INFORMATION

New Jersey regulation, N.J.A.C. 8:41-4.1A, paragraph 3.2, does not allow a person to take part in the paramedic certification examination if *“Convicted of any crime, disorderly person’s offense, petty disorderly persons offense involving the possession, utilization, sale and/or distribution of any controlled dangerous substance; representing a risk of harm to the health, safety or welfare of patients; and/or involving patient abuse or patient neglect, or accepted into a pretrial intervention program, granted a conditional discharge or accepted into a similar diversionary program in this or any other state.”* Please be advised that a criminal background check will be conducted.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO IF YOU ANSWERED “YES” PLEASE EXPLAIN:

HAVE YOU EVER USED OR BEEN KNOWN BY ANY OTHER NAME? YES NO IF YOU ANSWERED “YES”, PLEASE LIST THE NAME(S).

| | | |
|-------------------------|-------|----------|
| PREVIOUS ADDRESS | FROM: | TO: |
| STREET | | APT # |
| CITY/TOWN | STATE | ZIP CODE |
| PREVIOUS ADDRESS | FROM: | TO: |
| STREET | | APT # |
| CITY/TOWN | STATE | ZIP CODE |

Please read and, if agreed, sign and date the following statement:

I hereby affirm that the information and statements written herein are truthful and, to the best of my knowledge, correct. I completely understand that the provision of false or misleading information shall constitute grounds, among others, for rejection of my application or the revocation of sponsorship Virtua Health may bestow. I also understand that omission of information requested herein shall constitute grounds for rejection of my application without notice from Virtua.

I hereby grant the Virtua MICU permission, as a contingency for sponsorship, to demand that I undergo a physical examination and a drug screening to be performed by a licensed health care provider of my choosing. I understand that the physical examination and drug screening will be done at my expense and I will provide those results to the Virtua MICU upon demand.

I understand that sponsorship by the Virtua Health MICU is contingent upon a satisfactory criminal background report. I understand that the criminal background report will be done at my expense and I will provide those results to the Virtua MICU upon demand. I hereby grant Virtua permission to verify and investigate any or all of the information contained herein including the contacting of the people designated as references.

I understand that unsatisfactory results in any of the above listed reports will result in the revocation of sponsorship Virtua may bestow prior to the receipt of said reports.

I release Virtua, its officers, agents, employees and their families from any and all liability for damages which may result from such verification and investigation.

Signature Date

Do not write below this line. For School of Paramedic Sciences use, only

Date application was received _____

Points of completion

- | | | | |
|---|-----------|----------|-----------|
| 1. Three (3) reference letters | _____ YES | _____ NO | |
| 2. Copy of CPR card | _____ YES | _____ NO | |
| 3. Copy of EMT card | _____ YES | _____ NO | |
| 4. Copy of driver's license | _____ YES | _____ NO | |
| 5. College placement test results | _____ YES | _____ NO | _____ N/A |
| 6. Copies of other school transcripts and/or degree | _____ YES | _____ NO | _____ N/A |
| 7. Needs to take college placement test | _____ YES | _____ NO | |
| 8. Application is complete, signed and dated | _____ YES | _____ NO | |