

ANNE ARUNDEL COMMUNITY COLLEGE

PARAMEDIC

ROLLING ADMISSIONS

Program Application

Applications are accepted for the Paramedic Program on a rolling admission basis. The program begins in January and August each year. Students need only apply once to the program, provided that their application is complete. A future seat will be slotted once the applicant meets the criteria for admission.

Completed applications are to be emailed (preferred) to healthsciencesadmissions@aacc.edu or via mail to Anne Arundel Community College School of Health Sciences ATTN: Health Sciences Admissions, HLSB 174, 101 College Parkway, Arnold, MD 21012.

I plan to pursue:

Degree Option

Certificate Option

Degree Fast Track (I have a previous associate or bachelor's degree)

DEMOGRAPHIC INFORMATION

Last Name		First Name		Middle
Address				
City		State	Zip Code	County of Residence
*Last 4 digits of social security #			College ID #	
Phone		_____@mymail.aacc.edu		

The mailing address you provide on this application will be your address of record. It is your responsibility to notify the Health Sciences Admissions Office as well as the Records Office of name, address and phone number changes during the application process. *Applicants are advised to check their AACC email account periodically for placement updates and notices.*

* If you do not have a Social Security number, you may not be permitted at some clinical rotation sites and site availability could delay or inhibit your progression in the program. An international student admission specialist in AACC's Admissions and Enrollment Development office may be able to assist students with F-1 visa status to obtain a Social Security number through practical training. Call them at 410-777-2677.

Paramedic students without a Social Security number may still attain a national registry certification but will not be granted State of Maryland licensure.

ADMISSION/ACADEMIC REQUIREMENT CHECKLIST

Before completing this Paramedic Program application, you must meet all of the requirements below.

1. I have an active admission status at AACC and am in Good Standing (≥ 2.0 GPA) with the college.
2. I attended a mandatory Paramedic Program information session on _____ (date).
3. I have met the arithmetic requirement.
4. I am ENG 101/101A (Academic Writing and Research 1) eligible.
5. I understand that pass/fail grades will not be accepted.
6. I understand I must submit final official transcripts** from previously attended colleges from which I am transferring courses toward the Paramedic Program.
7. International students must submit official transcript evaluation report from [ECE](#), [WES](#) or [SpanTran](#) to verify /authenticate your high school and/or college transcripts**, if applicable. It is not necessary to submit AACC transcripts.
8. I reviewed and acknowledge the [technical standards](#).
9. If I receive conditional acceptance into the program, I understand that final acceptance in the program shall be contingent upon satisfactory completion of a health examination record, a [criminal background check](#), and a [urine drug screen](#).
10. I have reviewed the following: As part of our commitment to the health and safety of AACC employees, students, the greater community, patients and employees at our clinical site affiliates; all employees and students participating in clinicals, externships or internships in a health care or clinic setting within the [School of Health Sciences](#) or the [School of Continuing Education and Workforce Development](#) will be required to be fully vaccinated. Visit <https://www.aacc.edu/riverhawks-reunite/health-and-safety/clinicals/> for detailed information.
11. I am or will be 18 years old at the time of admission.
12. I have submitted copies of current state EMT certification or National Registry Card with this application.
13. I understand that I have an active affiliation as validated by the EMS company officer and that the Affiliation Verification form must be submitted prior to attendance of any clinical or field assignment, and that affiliation must be maintained throughout the program and it is my responsibility to inform the program if there is a change in affiliation.
14. I understand that, if selected or placed on the waitlist, I must attend a mandatory virtual applicant meeting. Date and time to be announced via email.
15. For Degree Seeking applicants only: I am MAT 135 (Statistics) eligible.
16. For Degree Seeking applicants only: I understand that I must also satisfactorily complete the program general education courses. See AACC's website for degree program academic and admission requirements.
17. I understand that if information is missing from my student record, or application, my application will not be processed and will be considered incomplete. I will be notified by my AACC email once if required application information was not submitted.
18. I understand that my AACC email address is required for correspondence with AACC.

**Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

ARITHMETIC REQUIREMENT

This is a requirement for all Certificate and Degree Seeking Paramedic Applicants prior to submitting a Paramedic Application.

The Arithmetic Placement Test (APT) is not the same as the Accuplacer Mathematics Placement Test.

The Arithmetic Placement Test may only be taken two times. Failure to achieve a passing score (27 or better) after two attempts will require completion of MAT 005 (Arithmetic) with a grade of C or better prior to application submission. Note: The APT must be taken within 7 years from date of application submission. There is no time limit on MAT 005. Please email the Testing Office at testing-arnold@aacc.edu to schedule a testing appointment.

APT SCORE: _____ **Date Taken:** _____

MAT 005 - Must provide official transcript if taken at institution other than AACC.

GRADE: _____ **WHERE TAKEN:** _____

INTERNATIONAL STUDENTS

TOEFL TEST

All international students whose native language is not English must successfully pass the TOEFL (Test of English as a Foreign Language) with a minimum score of 550 (213 is the equivalent computer score and 79 is the equivalent Internet-Based score) **OR** must complete ENG 101/101A **and** ENG 102 course sequence with grades of C or better prior to applying to the Paramedic Program. AACC's code for TOEFL is 5019.

TOEFL Date taken: _____ Score: _____ Where taken: _____
OR
ENG 101/101A Semester/Year: _____ Grade: _____ Where completed: _____
and
ENG 102 Semester/Year: _____ Grade: _____ Where completed: _____

TRANSCRIPTS

I acknowledge that I have submitted an official transcript evaluation report from [ECE](#), [WES](#) or [SpanTran](#) for verification of my high school and/or college transcripts to the Records office prior to this application submission.

I used the above listed agency: _____.

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer emailed to tdneall@aacc.edu or mailed separately to address on first page of this application, ATTN: Tammie Neall.

Do not write explanation(s) on the application

Yes <input type="radio"/>	No <input type="radio"/>	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered a professional license, certification or registration, or had one restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work even if your license had not been restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever had your clinical privileges at any office or facility restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.

NOTE: Licensing boards for certain health care occupations, including Paramedic may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact national certifying boards for your program of interest.

I certify that the information on this application is true and accurate to the best of my knowledge. I have read and understood the information on this application. Falsification or misrepresentation of any information on this application may result in being denied admission to the program, or if enrolled, dismissed from the program. I understand that final acceptance into the Paramedic Program shall be contingent upon satisfactory completion of a criminal background check, drug screen and satisfactory completion of a health examination record.

Please review prior to submitting this application. This application must be completed in its entirety. I understand that by filling in my name below, it will be considered as my signature.

Signature: _____

Date: _____

PRINT NAME: _____

**ANNE ARUNDEL COMMUNITY COLLEGE
PARAMEDIC PROGRAM
EMERGENCY MEDICAL SERVICES
AFFILIATION VERIFICATION**

Thank you for completing this affiliation verification form. This form is used to verify that this candidate listed below is a member in good standing and carries affiliation with your company. Please fill in the information for your company and sign it under the statement about the candidate. We appreciate your assistance.

Please check one: ALS BLS

Student Name: _____

Student's Signature: _____

Affiliation Name: _____

Affiliated Company Address: _____

Affiliated Company Telephone: _____

Company Verification

To be completed by the company senior EMS officer.

I verify that the candidate named above is currently an active member/provider holding membership as of this date. This company approves of this individual's participation in EMS training and/or verifies that this individual will be providing EMS care as a member of this company.

Affiliation Company: _____

Signature: _____ Date: _____

PRINT NAME: _____

Title: _____