



School of Health Sciences

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 Name
Address				
City	State	Zip Code	County of Residence	
*Last 4 digits of social security #			College ID #	
Phone Number		@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

By signing below, I agree/understand the following:

1. I have an active admission status at AACC and am in Good Standing (≥ 2.0 GPA) with the College.
2. I understand that it is highly recommended, but not required, that I attend an Emergency Medical Services information session.
3. I understand that all Paramedic Admission Requirements must be completed prior to submitting this application.
4. I am or will be 18 years old at the time of admission.
5. I have met the arithmetic requirement.
6. I am ENG 101/101A (Academic Writing and Research 1) eligible.
7. I understand that pass/fail grades will not be accepted.
8. For Degree Seeking applicants only: I am MAT 135 (Statistics) eligible.
9. For Degree Seeking applicants only: I understand that I must also satisfactorily complete the program general education courses.
10. I have submitted copies of my current state EMT certification or National Registry Card with this application.
11. I understand that I have an active affiliation as validated by the EMS company officer and that the Affiliation Verification form must be submitted 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.
12. I understand I must submit final official transcripts** from previously attended colleges from which I am transferring courses toward the Paramedic Program.
13. International students must submit an official transcript** evaluation report from [ECE](#), [WES](#) or [The Evaluation Company](#) (Formally SpanTran) to verify /authenticate high school and/or college transcripts**, if applicable.
14. If I receive acceptance to the Paramedic program, there will be additional program and clinical requirements to complete, including a health examination record, a [criminal background check and a urine drug screen](#).
15. I have reviewed and acknowledge the [technical standards](#).
16. I understand that if information is missing from my student record or application, my application will be considered incomplete. I will be notified by my AACC email once if required application information is submitted.
17. I understand that my AACC email address is required for correspondence with AACC.

ADMISSION/ACADEMIC REQUIREMENT CHECKLIST

** Transcripts are considered official only when received by Anne Arundel Community College's Records Office in the sending institution's original sealed envelope or by acceptable electronic submission. It is not necessary to submit transcripts for courses completed at AACC.

For submitting college transcript instructions, visit the Records Office website: [Submit College Transcripts](#).

INTERNATIONAL STUDENTS

TOEFL TEST

If you are an international student, there may be additional requirements for you. Visit our [international student admissions](#) pages to learn more. Review AACC's [TOEFL](#) Score Requirement webpage for more information, including exemptions for the TOEFL requirement.

TOEFL

Date Taken: _____ Score: _____ Where taken: _____

**TRANSCRIPTS

I acknowledge that I submitted an official transcript evaluation report from [ECE](#), [WES](#) or [The Evaluation Company](#) (formerly Span Tran) for verification of my high school and/or college transcripts to the Records office before this application submission.

I used the following listed agency (from the list above): _____

ARITHMETIC REQUIREMENT

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

Students who have MAT-137 (College Algebra) or higher, completed with a C or better at the time of the application submission, are not required to take the Arithmetic Placement test.

If MAT 137 or higher has not been completed the Arithmetic Placement Test is required with a score of 27 or better, or MAT 005 with a grade of C or better, at the time the application is submitted.

No other general education mathematics courses will satisfy this requirement.

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 or MAT 137.

Please email the Testing Office at testing-arnold@aacc.edu to schedule a testing appointment.

ARITHMETIC PLACEMENT TEST SCORE: _____

ARITHMETIC PLACEMENT TEST DATE: _____

If completing this requirement with MAT 005 or MAT 137 and the course was not taken at Anne Arundel Community College, official transcripts must be submitted to the AACC Records Office prior to this Paramedic application submission.

Course	Grade (Must be C or better)	TERM AND YEAR COMPLETED	COLLEGE/UNIVERSITY WHERE COMPLETED
MAT 137 College Algebra			
MAT 005 Arithmetic			

BACKGROUND INFORMATION

Submit an explanation for any questions to which your answer is "yes" and provide documents relating to your answer(s) by email to tdneall@aacc.edu or by mail, separately from this application, to the address on page one, ATTN: Tammie Neall.

Do not write the explanation(s) on the application.

Yes	No	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	No	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	No	Have you ever surrendered your driver's license or had a license suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	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	No	Have you ever been placed on professional probation, or 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	No	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 coursework, 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 the Board for Dental Hygiene.

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. I understand that there are additional program and clinical requirements to be met after acceptance: criminal background check drug screening, CPR, 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 my signature.

Signature: Date:

Printed Name:

Notice of Nondiscrimination:

AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, at 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books, or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination, or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu, or Maryland Relay at 711.

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 Organization's Name: _____

Affiliated Company Address: _____

Affiliated Company Telephone Number: _____

Company Verification

To be completed by the company's 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.

Affiliated Company: _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____