

PLEASE PRINT

PARAMEDIC PROGRAM ADMISSIONS APPLICATION

IMPORTANT NOTICE

PLEASE BE AWARE THAT ALL STUDENTS ENROLLED IN A NURSING AND/OR ANY ALLIED HEALTH PROGRAM/CERTIFICATE MUST COMPLETE A CRIMINAL BACKGROUND CHECK. STUDENTS WITH A CRIMINAL RECORD MAY BE INELIGIBLE TO PARTICIPATE IN A CLINICAL COURSE/ROTATION/PRACTICUM, RECEIVE A PROFESSIONAL LICENSURE/REGISTRATION, OR OBTAIN EMPLOYMENT IN THE HEALTH FIELD.

THIS FORM MUST BE SUBMITTED TO THE ADMISSIONS OFFICE. FAILURE TO DO SO COULD POSSIBLY DELAY THE STUDENT'S ENTRANCE INTO THE PARAMEDIC PROGRAM.

Name	Student Lakeland Identification Number (LID#)		
Address	City	State	Zip
Phone	_		
Lakeland email address:			
PLEASE NOTE: Your acceptance letter emailed to you with a \$50 fee to be in	will be sent to your Lakeland email. You the program.	will have to return the or	e portion that will be
·	o be contacted through your Lakeland e	mail.	
completed the requirements for admissi	dic program must meet the criteria of one on will be accepted into the paramedic pross is filled, students will be admitted into the	ogram on a space-available	s. Applicants who have basis. If completion of
CHECKLIST OF THE MANDATORY PREREC ADMISSIONS OFFICE.	QUISITES THAT MUST BE COMPLETED BEFO	RETURNING IN THE APPLIC	ATION TO THE
☐ A copy of your current Ohio Emerger	cy Medical Technology (EMT) card.		
☐ American Heart Association Basic Life	Support card.		
☐ Checked with the Admissions Office	to ensure a copy of your high school transc	ripts are on file.	
☐ If you are, or have attended, Lakeland	Community College, you have maintained a	a 2.0 minimum cumulative	grade point average (GPA).
☐ HLTH 1238, Structure, Function, Disea	ase, and Therapeutics of the Human Body, o	or	
☐ BIOL 2210, Anatomy and Physiology	and BIOL 2220, Anatomy and Physiology I	l.	
Student signature		Date	
Program director signature		Date	

White: Admissions Yellow: Student Pink: Program Director 6-22 bc 12648