

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.

PLEASE PRINT

Name _____ Student Lakeland Identification Number (LID#) _____

Address _____ City _____ State _____ Zip _____

Phone _____

Lakeland email address: _____

PLEASE NOTE: Your acceptance letter will be sent to your Lakeland email. You will have to return the one portion that will be emailed to you with a \$50 fee to be in the program.

If there are any problems, you will also be contacted through your Lakeland email.

Students who wish to enter the paramedic program must meet the criteria of one of the following two options. Applicants who have completed the requirements for admission will be accepted into the paramedic program on a space-available basis. If completion of the criteria occurs after the incoming class is filled, students will be admitted into the next available class.

CHECKLIST OF THE MANDATORY PREREQUISITES THAT MUST BE COMPLETED BEFORE TURNING IN THE APPLICATION TO THE ADMISSIONS OFFICE.

- A copy of your current State of Ohio Emergency Medical Technology (EMT) certification
- American Heart Association Basic Life Support card.
- TEAS (Test of Academic Skills) V for Academic Health: date schedule _____ or date completed _____
- Checked with the Admissions Office to ensure a copy of your high school transcripts are on file.
- If you are, or have attended, Lakeland Community College, you have maintained a 2.0 minimum cumulative grade point average (GPA).
- HLTH 1238, Structure, Function, Disease, and Therapeutics of the Human Body, or
- BIOL 2210, Anatomy and Physiology I and BIOL 2220, Anatomy and Physiology II.

Student signature _____

Date _____

If you have any questions regarding the paramedic program, please contact Alexander Hearn at 440.525.7693.