

Coffeyville Community College
Health and Safety Occupations
Application for Paramedic Program

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone# _____ Social Security # _____

Level of BEMS Certification: _____ Year of Initial Certification _____

Are you currently affiliated with an ambulance service? Yes No

If yes, what ambulance service? _____

Do you have any Felony records? Yes No If yes, when? _____

If yes, have you fulfilled all court requirements? _____

Please explain: _____

Name, address and phone number of two(2) personal references that we may contact:

1. _____

2. _____

Please submit a letter of at least 250 words explaining your experiences in EMS, your previous education, and your reasons for pursuing this Paramedic Program.