

BARTON COUNTY COMMUNITY COLLEGE Paramedic Application Checklist

Student Name					
Last		First		Middle.	
Student ID #			Date:		
Requirements:			Date:	<u>Initial</u>	<u>s:</u>
Barton Application					
 Paramedic Application 					
Physical Form					
Student Health Form		-			
 Physician Immunization 	Checkoff Fori	m .			
Proof of Immunization D	ocumentatio	n <u> </u>			
☐ TB ☐ Tetanus	☐ MMR	ПНер	B 🔲 Vario	cella 🔲 Flu	ı
Notes:					
 Official Transcripts 					
 High School OR GE 	ĒD	_	<u>.</u>		
o All College's		_			_
Notes:					



Requirements:	<u>Date:</u>	<u>Initials:</u>
General Education Requirements		
English Comp I		
Interpersonal Communications		
☐ Intro to Sociology		
Intermediate Algebra or Higher		
Anatomy & Physiology		
Notes:		
 Copy of EMT or AEMT Card 		
Copy of EMT or AEMT Card		
Copy of HCP or Rescuer CPR Certification		
Copy of Health Insurance Card		
• (2) Professional letters of recommendation		