Barton County Community College
EMS Education
Application for Paramedic
(Please do not type)

Name:_____Date of Birth:_____

Address:_____City/State/Zip:_____

Phone #:_____Social Security #:_____

Email: _____

Level of BEMS Certification:_____Year of Initial Certification:_____

Select the class/location that are you applying for: (circle one)

Great Bend/Junction City Hybrid Salina Hybrid

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 to Felony question, have you fulfilled the court requirements?_____

Please explain:_____

_____

_____

_____

_____

Please list 2 personal references that we may contact:

1.

2.

In no less than 250 words, please explain your experiences in EMS, your previous education, and your reasons for pursuing this paramedic course:

Signature: Date: