



354 Hogan Rd., Bangor, ME 04401
Phone: (207) 974 -4810 Fax: (207) 974-4811
Community Paramedicine
APPLICATION

Student Information (Print Clearly)

Full Legal Name: (Last) (First) (M.I.) (Birth/Former name)

Permanent Mailing Address:

City, State, Zip:

Home Phone: Work Phone: Cell: (Please check preferred method of contact)

E-Mail Address: U.S. Citizen: Yes No

Social Security No: Date of Birth: (optional)

High School Last Attended: (name-city-state) Year Graduated:

G.E.D. Graduate Adult Diploma Year Received College-years completed?

Current employer

If student, current major or program of study

Responsible for payment: Myself Agency/Other (please specify)

Have you ever been removed or excluded from any health care facility due to an allegation that you engaged in a form of neglect or other misconduct? Yes No

If yes, please explain for each incident the following (attach an additional page if necessary):

Nature of the Incident
State and Name of the Facility
Age When the Incident Occurred
Further Explanation

**License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

If more than one license, list number and state below:

**Letter of Support**

A letter of support from a Medical Director or Service Chief is required of all applicants and is reviewed as an important part of the selection process.

**Minimum Experience**

By signing this application, the applicant confirms the understanding that a minimum of two years of experience is required.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
EMCC Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Eastern Maine Community College is an equal opportunity/affirmative action institution and employer.