



Application process for Accredited Yavapai College Paramedic Program

- Students MUST apply and be admitted to Yavapai College. To become a Yavapai College student, apply at www.yc.edu/become
- **Admittance to the Paramedic program is by application only. To be eligible to apply for this paramedic program, you must currently be certified as an EMT through the NREMT or state.**
- The program is 12-months total, with a combined 1000 hours of didactic, clinical and agency ride hours.
- Please email completed application to Lorie.Smith@yc.edu or mail to:

EMS Department
Yavapai College
1100 E. Sheldon Street
YC Box 6019
Prescott, AZ 86301

- Applications MUST be received by **September 30, 2022.**
- Only full and complete applications will be considered.
- Applications received after the submission deadline will automatically be put on the list for the next program (tentative start date of 08/2023).
- Once the applications are reviewed, candidates will be informed via their YC email of the next steps to take.
- The full application process is as follows:
 - Submit full and completed application with required items by due date.
 - Take the paramedic entrance exam on one of the 8 dates offered. Entrance Exam taken at YC testing center located at Verde Campus and Prescott Campus. Check their website for hours and instructions.
 - Have a Paramedic Entrance Interview.
- Applicants will be notified via their Yavapai College email account of their acceptance into the program or not within 7 days after the interview date.
- The Paramedic Entrance Exam will consist of the following:
 - Anatomy and Physiology
 - Math (general math)
 - EMT knowledge
 - Reading Comprehension
 - Personality Inventory
- The applicant MUST purchase the Paramedic Entrance Exam at the cost of \$25.25
- **Here are the directions for your exam purchase:**
 - **Purchase link:** <https://members.fisdap.net/account/new/index?code=EMS462-MTVU>
 - Click the “Create an Account” button
 - Enter the product code into the field and follow the prompts to purchase an account

Your account will have access to the following product: Paramedic Entrance Exam

Please note: A negative 10-panel drug screen is required before being able to sign up and attend clinical rotation hours. This is a requirement of many of our participating agencies. Testing is available at [Bradshaw Mountain Environmental Laboratories](#) at a reduced cost or wherever the student chooses. The student is responsible for payment of services. Failure to take or pass a drug screen will result in termination of the student from the Paramedic program.

Paramedic Application

Student Check List <small>Check If Completed</small>	EMS Dept. Check List <small>Check If Completed</small>	Application Check List Items to be included with Application Failure to include documents will result in the rejection of your application
		Application filled out completely (MUST be legible).
		Copy of current Arizona EMT or AEMT certification card or NREMT card (Certification must be current for the duration of the program, expiration results in removal from program).
		Copy of current health insurance coverage.
		Pick one of the following dates during October to take your entrance exam and show up at the testing center on that day to take the exam. <ol style="list-style-type: none"> 1. Oct. 3rd 2. Oct. 5th 3. Oct. 11th 4. Oct. 13th 5. Oct. 19th 6. Oct. 21st 7. Oct. 24th 8. Oct. 26th

Yavapai College EMS Program is accredited through:





Student Application

Illegible applications will be rejected. Print clearly if using a paper application

Name: _____
Last First Middle

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
City State Zip Code

Contact Numbers (_____) _____ (_____) _____
Home Cell

Email Address _____
Home Yavapai College (if applicable)

Yavapai College Y# _____

AHA CPR Certification (Required) Exp. Date: _____ (Must be BLS or Healthcare Provider)

AZ State EMT #: _____ Exp. Date: _____

NREMT #: _____ Exp. Date: _____

List all colleges/universities/certificates earned or attended:

Institution Date of Attendance Degree/Certificate

Institution Date of Attendance Degree/Certificate

Institution Date of Attendance Degree/Certificate

Work Experience:

Agency /Comp City/St Telephone Number Date(s)

Agency /Comp City/St Telephone Number Date(s)



Briefly summarize your prehospital or hospital experience (if applicable):

Have you ever been found guilty after trial, or pleaded no contest to a crime (felony or misdemeanor), in *any* court other than routine traffic violations? NO _____ YES _____ Please explain, attach separate page if needed:

Are any criminal charge(s) pending against you in any court or any jurisdiction? No _____ Yes _____

Please explain, attach separate page if needed: _____

Has any licensing agency, professional board, or disciplinary authority ever refused to issue you a license or have they ever revoked, annulled, cancelled, or accepted your voluntary surrender of a license or certification? Have you ever been placed on probation, been refused an initial or a renewal professional license or certification, or fined, censured, reprimanded, or otherwise had any disciplinary action initiated against you?

No _____ Yes _____ If yes, please explain, attach separate page if needed: _____

Has any medical control authority ever restricted or terminated your base hospital professional privileges, training, or employment? No _____ Yes _____

If yes, Provide Hospital Name/City/State: _____

Please Explain: _____

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission and enrollment. I release from all liability or damages those persons, agencies, or organizations who may furnish information in connection with my application for admission. If accepted, I agree to read and abide by all school and Department policies and procedures.

Signature: _____ Date: _____