

EMS Academy
Cleveland Clinic
15531 Lorain Ave.
Cleveland, Ohio 44111
Phone 216.523.7040
Fax 216.523.7042



EMS Academy
Cleveland Clinic, East Campus
18901 Lakeshore Blvd, Suite 306
Euclid, Ohio 44119

Application for Admission

Applicant name: _____ Date: _____

Check the program you are applying for at the _____ West, or _____ East Campus.

- First Responder EMT-Intermediate EMT-Paramedic, Evening
 EMT-Basic EMT-Paramedic, Day Course Date: _____

How did you hear about the EMS Academy?

- Mailing Friend or Colleague Other _____

Personal Information

_____	_____	_____	_____
Last name	First name	Middle initial	
_____	_____	_____	_____
Street address	Apt#	City/State/Zip code	
_____	_____	_____	_____
Home phone	Work phone	Cell phone/pager	E-mail
_____	_____	_____	_____
Social security number	Date of birth	Driver's license number and state of issue	
_____	_____	_____	_____
Emergency contact	Relationship	Phone number	

The following questions bear upon your ability to obtain an Ohio State Certification or National Registration

- Yes No Have you ever been convicted, adjudged guilty by a court, or pled guilty or no contest to any felony or misdemeanor?
- Yes No Have you ever been convicted, adjudged guilty by a court, or pled guilty or no contest to any misdemeanor resulting from or related to the use of drugs or a sexual offense?
- Yes No Has any EMS medical board or agency denied you certification or admission to a certification examination?
- Yes No Have you ever received a reprimand, been placed on probation, or had your EMS certification suspended or revoked by a state EMS issuing board or agency?

Explain all 'yes' answers in detail

Work History

Employer	Dates Employed		Relevant work experience and job responsibilities
	From	To	

Please list any other EMS related certificates

Certification title	Location	Expiration

Educational background

High School _____
 Did you graduate from High School? Yes No Graduation Date _____
 GED _____

College, Trade or Technical School

Name of college or school	Dates attended		Degree(s) or Certificate(s) earned
	From	To	

Uniform polo shirt size preference S M L XL XXL

The following documentation is needed in order to complete the application process.

- Copy of valid driver’s license.
- Copy of High School Diploma or GED.
- Copy of EMT – Basic Card (if applicable).
- Completed medical paperwork.

I _____, certify that to the best of my knowledge, the information provided on this application is correct. I understand that misrepresentation and/or omission of fact or documentation requested may be grounds for rejection or dismissal from the program.

Signature of applicant

Date

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Recommendation for Admission

Disclosure

Applicant's name: _____

Because of the Family Education Rights and Privacy Act of 1974, this recommendation may be made available, at his/her request, provided that the applicant has not waived the right of access and has signed in the appropriate place. Failure to check the appropriate box and sign in the appropriate location renders access voided.

I understand that this letter of recommendation will be used only for the purpose of admission, that I have the right to access or may waive my right to access to it. And that failure to check a box and sign it renders access void.

I hereby waive my right of access to this letter of recommendation

I do not waive my right of access to this letter of recommendation

Applicant's signature: _____

Date: _____

Recommendation

Name of recommender: _____

Date: _____

Address: _____

Phone: _____

Occupation: _____

Relationship: _____

How long have you known the applicant? _____

Please answer the following questions relating to the applicant. Use the reverse side for further comments:

To what degree does the applicant have self-confidence and motivation?

Above average

Average

Below average

To what degree does the applicant demonstrate interpersonal communications and the ability to lead others?

Above average

Average

Below average

Do you consider the applicant trustworthy and of good moral character?

Yes

No

What are some of the applicant's strengths?

What are some of the applicant's weaknesses?

Do you have any reservations in recommending this applicant for admission to the EMS training program?

May we contact you for further information on the applicant?

- Yes
- No

Recommender's name (printed): _____

Recommender's signature: _____

Thank you for taking the time to complete the recommendation form. Please return this form to:

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