

# Paramedic Specialist Training Program Application

The University of Iowa Hospitals and Clinics  
Emergency Medical Services Learning Resources Center

Applying for class beginning:  January, 2010 **(Application Deadline: October 30, 2009)**  
 July, 2010 **(Application Deadline: April 30, 2010)**

Name \_\_\_\_\_  
Last First Middle

Street Address or Apartment (Box) Number \_\_\_\_\_

City State Zip Code

E-mail Address \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMT Certification: EMT-B  EMT-I

State of Certification \_\_\_\_\_

EMT Certification Number \_\_\_\_\_

National Registry Number \_\_\_\_\_ National Expiration Date \_\_\_\_\_

Length of EMS Experience \_\_\_\_\_ years \_\_\_\_\_ months

Full-Time  Part-Time  Volunteer

Health Insurance Carrier \_\_\_\_\_

Insurance Coverage from \_\_\_\_\_ to \_\_\_\_\_

EMT Training: Training Program Attended \_\_\_\_\_

Location \_\_\_\_\_

Date of completion \_\_\_\_\_

List below any additional certifications related to EMS (CPR Instructor, ERT, etc.)

Certification Title	Location	Expiration Date
_____	_____	_____
_____	_____	_____

List below any continuing education courses attended within the last year:

Course Title	Location	Dates Attended	CEHs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all schools/colleges attended, dates of attendance, and diplomas or degrees received, including high school graduation and beyond:

School	Location	Dates Attended	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List past work experience with current or most recent job listed first:

Employer/Location	Date Employed	Supervisor	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please explain clearly why you are applying for the Paramedic Specialist Training Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MATERIALS TO BE SUBMITTED WITH APPLICATION:

1. Three letters of reference:
  - Ambulance supervisor or supervisor from present/prior employer
  - Ambulance Medical Director or someone familiar with your medical abilities
  - A personal reference letter from someone of your choice
2. A copy of your high school transcripts. If you attended college, also include the transcripts of all colleges that you attended.
3. A copy of your current EMT-B or EMT-I certification CARD.
4. \$25 non-refundable application fee made payable to the EMSLRC.

I, the undersigned, authorize investigation of all statements contained in this application. I understand that misrepresentation and/or omission of facts requested are grounds for dismissal from the program.

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Signature of Applicant

Date

The University of Iowa prohibits discrimination in employment, educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information, contact the Office of Equal Opportunity and Diversity, 319.335.0705.

The application information listed is used only to process your application. No information will be released to outside agencies without your expressed written consent. Failure to complete this application in its entirety may delay the processing of your application.

RETURN APPLICATION TO:

Paramedic Specialist Training Program  
EMS Learning Resources Center  
6-South, GH  
University of Iowa Hospitals and Clinics  
200 Hawkins Drive  
Iowa City, Iowa 52242-1009

QUESTIONS: [lori-hartley@uiowa.edu](mailto:lori-hartley@uiowa.edu)