

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 Junction City-Accelerated

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:
