

#### 2024 PARAMEDIC PROGRAM APPLICATION

Thank you for applying to the Paramedic Program at Fayette County Fire & Emergency Services.

**Program Goal:** 'The goal of the Paramedic program is to prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.'

#### Cost: \$5,000.00, non-refundable.

Cost includes: drug screen, background check, medical liability insurance, ACEMAPP, book with on-line access, clinical uniform, NREMT testing x 1, license fees.

#### Minimum Application Requirements Include:

- 1. Completed EMT or AEMT course currently Georgia licensed, National Registry Certification preferred
- 2. High School Diploma or G.E.D.
- 3. Valid drivers license
- 4. Must be able to pass a criminal background check and drug test

### **Application Deadlines:**

Program applications must be received via email by 4pm on the designated due date.

Program Start	Applications available	Applications Due	Documents/Payment Due	Program Completion
October 2, 2024	Currently	September 16, 2024	October 1, 2024	November 2025

Applicants must submit the following documentation with the application. NO APPLICATION WILL BE ACCEPTED OR CONSIDERED UNLESS ALL APPLICATION MATERIALS ARE ON FILE. You may use the following as a checklist.

A completed program application.	
A photocopy of valid driver's license.	
EMT Card or equivalency credential (proof of current EMT or AEMT certification).	
Copies of CPR/ACLS certifications.	
Copies of NIMS 100, 700, TIMS certificate, CAH and ETCO2 updates.	

Completed applications and all supporting documentation should be emailed to **jaanderson@fayettecountyga.gov** as a single .pdf document.



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# **Paramedic Program Application**

Applicant				
Full Name:			Date:	
Last	First		M.I.	
Address:				
Street Address			Apartm	nent/Unit #
City		:	State	ZIP Code
Mobile Phone	Er	mail		
County ID #:				
Are you over 18 years of age?	□ yes □ no	I	Ever been convicted of a felony	? □ yes □ no
and you ore. To yours or age.				
Are you currently an EMT?	□ yes □ no	1	How long have you been an EM	T?
,				
Do you have previous health ca	are experience? $\square$ yes $\square$ no	I	Explain:	
Where did you train as an EMT	?			
Education				
High School:	Address:			
From:To:	_ Did you graduate? $\square$ yes $\square$ :	no	Diploma:	
College:	Address:			
From:To:	Did you graduate? $\Box$ yes $\Box$ ı	no	Diploma:	
Other:	Address:			
From:To:	_ Did you graduate? ☐ yes ☐ ı	no	Diploma:	



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<b>Current Certifications</b>			
Please list certifications below.			
CPR Expiration Date:	EMT or AEMT NR Certification #	TIMS (Date Passed)	
AMLS Expiration Date:	NR Certification Expiration Date	GFSTC #	
PHTLS Expiration Date:	EMT or AEMT GA License #	CAH (Date Completed)	
EPC Expiration Date:			
Other:			
EMS/Fire Department Affiliate In	nformation-Employer/Sponsor		
Affiliate Organization:	_Phone:		
Address:	ress:Supervisor:		
Job Title:			
Responsibilities:			
From:To:	May we contact your supervise	or for a reference? $\Box$ yes $\Box$ no	
Signature of Chief Officer:	Chief Officer:Date:		
Military Service (leave blank if N	A)		
Branch:		To:	
_	Type of Discharge:		
If other than honorable, explain: _			
Diaglains an and Circustons			
Disclaimer and Signature I certify that my answers are true	and complete to the best of my knowledge.		
If this application leads to employ	ment, I understand that false or misleading i	nformation in my application or	
interview may result in my releas	e.		
Signature:		Date:	



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## Paramedic Program Disclaimers and Acknowledgments:

l,	acknowledge that the minimum passing score at the end of each module must remain
above 70% to remain in th	ne program.
Signature:	Date:
	acknowledge attendance is mandatory, and I must attend at least <u>90%</u> of all
scheduled classes, and 100	1% of scheduled clinical and capstone rotations.
Signature:	Date:
l,	acknowledge that no part of the \$5,000.00 payment is refundable and no partial
course credit is offered.	
Signature:	Date: