



GOODWIN COLLEGE

Application for Enrollment
Paramedic

One Riverside Drive ♦ East Hartford, Connecticut 06118
860-528-4111 ♦ Fax: 860-291-9550
www.goodwin.edu

A Private Non-profit Institution of Higher Education



APPLICATION FOR ADMISSION TO THE PARAMEDIC CERTIFICATE PROGRAM

Please note: Not all qualified applicants can be admitted to the Paramedic Program due to the limited number of places available.

APPLYING FOR: ☐ September Year: _____

PERSONAL INFORMATION (please print)

Name: _____ ☐ Male ☐ Female
Last First Middle

Address: _____
Street City State Zip

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Admission Requirements:

- ☐ Acceptance into Goodwin College
- ☐ Current EMT-B or EMT-1 certificate (State of Connecticut or National Registry of EMT [NREMT]) - ***This license must be maintained throughout the program***
- ☐ Qualifying for ENG 099 and MATH 099
- ☐ Current Cardio-Pulmonary Resuscitation (CPR) certification, Healthcare Provider or Professional Rescuer, by the American Heart Association or the American Red Cross. Applicants will be considered without CPR documentation; however students must complete CPR certification prior to starting the program.
- ☐ Personal interview with Paramedic faculty.

The following documentation must accompany this application:

- ☐ Copy of high school transcript. Upon acceptance, student must submit an official transcript for their record.
- ☐ Copy of college transcript(s). Upon acceptance, student must submit an official transcript for their record within first 16 weeks.
- ☐ Proof of EMT-B Certification
- ☐ Proof of certification in Cardio-Pulmonary Resuscitation, Healthcare Provider according to the American Heart Association.

The following documents must be received prior to the start of the program:

- ☐ Proof of Hepatitis-B vaccine or immunity.
- ☐ Proof of MMR.
- ☐ Proof of TB test prior within the last year
- ☐ Proof of Health Insurance
- ☐ Proof of Professional Liability Insurance
- ☐ Proof of Varicella (Chickenpox)

Please list and describe below any relevant EMS employment and/or volunteer work or any relative experience you would like to be considered.

Dates	Employer/Activity	Position/Duties

Do you presently have the CPR certification? ☐ Yes ☐ No

Current EMT-B Certification Number _____ Expiration Date _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Phone _____

Mail completed application to:

Nick Lentino, Director of Enrollment
Goodwin College
One Riverside Drive
East Hartford, CT 06118

Applicant's Statement

I, the undersigned, apply for admission to the Paramedic certificate program at Goodwin College. I agree that the information given on this application is true to the best of my knowledge. I realize that failure to disclose fully and accurately all facts relating to this application could be grounds for dismissal. I understand that once accepted, it is my responsibility to familiarize myself with, and abide by, the policies, rules, and regulations of the program. Further, I hereby grant permission for me and/or my schoolwork products to be photographed or videotaped and used in college products. This application is made with my consent and I hereby guarantee the payment of all financial obligations incurred.

Signature of Applicant

Date

Parent or Guardian Statement

(Required if applicant is a minor) This application is made with my consent and I hereby guarantee the payment of all financial obligations incurred by the applicant.

Parent or Legal Guardian's Signature (if Applicant is a minor)

Date

Goodwin College complies with the "Jeanne Cley Disclosure of Campus Security Policy and Campus Crime Statistics Act". This report contains a summary of the Goodwin College Safety Department's policies and procedures along with crime statistics as required. Anyone wanting a copy of the report may obtain one by contacting Goodwin's Safety Department at (860) 528-4111 or by stopping by the office.

Goodwin College is an affirmative action/equal opportunity institution. All students are admitted irrespective of age, sex, race, religion, disability, or ethnic background. Providing information on marital status, age, sex, and citizenship status is optional. This information is collected for reporting purposes only and will not be used in the selection process for admission.

For Office Use Only

☐ Acceptance Letter sent by: (initials)_____ (date)_____

☐ Rejection letter sent by: (initials)_____ (date)_____

☐ Student Acceptance or Letter of Intent received

☐ Tuition deposit received

☐ Registered for classes

☐ Catalog Year enrolled _____

☐ MMR Documentation

☐ High School Transcript

☐ College Transcript (if applicable)

☐ Accuplacer taken date:_____