



MARICOPA
COMMUNITY COLLEGES

PARAMEDICINE

GLENDALE
MESA
PARADISE VALLEY
PHOENIX COLLEGE

Paramedic Program Online Application Instructions

Thank you for your interest in applying for the Paramedicine Programs offered at the Maricopa Community College District (MCCCD). Currently, there are four colleges within the Maricopa Community Colleges system that offer Paramedicine Programs, they include:

- [Glendale Community College \(GCC\)](#)
- [Mesa Community College \(MCC\)](#)
- [Paradise Valley Community College \(PVCC\)](#)
- [Phoenix College \(PC\)](#)

Please follow these step-by-step instructions while completing your online application. If you have any additional questions regarding the application or paramedic student selection process, you may contact the Maricopa Community Colleges Healthcare Education Department at (480) 731-8264 or via email at paramedic@domail.maricopa.edu

Each applicant must have the following items immediately available and have scanned and/or PDF E-copies ready to upload prior to completing the online application:

1. Current and valid Arizona State Department of Health Services Emergency Medical Care Technician (EMCT) certification card.
2. If you are currently certified as a Nationally Registered Emergency Medical Technician (NREMT), current and valid NREMT EMT certification card
3. Current and valid CPR - BLS healthcare provider card (American Heart Association (AHA), American Safety and Health Institute (ASHI) or American Red Cross)
4. Prior to completing the online application, you must be a currently enrolled Maricopa Community Colleges student. Preferably, you should already be enrolled at one of the four MCCCD colleges that offer Paramedicine Programs. You will need your Student MEID# and Password readily available.

Step by Step Online Application Instructions:

STUDENT/APPLICANT INFORMATION SECTION

1. Click on the Paramedic Program Application Link
2. Enter your Full Legal Name - as it appears in your MCCC student center account (this field may be pre-populated, verify it is accurate)
3. Enter a valid MCCC student I.D. # (this field may be pre-populated, verify it is accurate)
4. Enter a valid MCCC school email address (this field may be pre-populated, verify it is accurate)
5. Enter a valid personal email address
6. Enter a valid (preferred) contact phone number
7. Select your preferred college of choice from the drop-down options. There are four (4) colleges to choose from. You should select your top choices of colleges where you want to attend the Paramedicine Program. Once completed, your application will be electronically routed to your preferred colleges. You may select more than one college.
8. Select your preferred semester start date from the drop-down options. This is the semester that you will begin the first term (block) of the Paramedicine Program.
9. Select your preferred year from the drop-down options that you want to begin the Paramedicine program
10. Enter your current and valid mailing address. (Where you receive your mail)
11. Enter your current and valid physical address. (Where you currently reside)

PRE-REQUISITE INFORMATION SECTION

12. Enter where you completed your initial EMT Training (this should be a college, career/technology school, private trade school or employer)
13. Enter the date that you successfully completed your initial EMT Training Program
14. Enter your Arizona State EMCT certification number (must be current and valid)
15. Enter your Arizona State EMCT certification expiration date (must be current and valid)
16. Upload an electronic copy of your Arizona State EMCT certification provider card
17. Answer question from drop down selection. Are you currently NREMT certified? Yes/No
18. If NO, proceed to next question
19. If YES, enter your National Registry of EMT's (NREMT) certification number (must be current and valid)
20. Enter your National Registry of EMT's (NREMT) certification expiration date (must be current and valid)
21. Upload an electronic copy of your National Registry of EMT's (NREMT) certification provider card
22. Enter the expiration date of your CPR / BLS Healthcare Provider card (must be current and valid)
23. Upload an electronic copy of your CPR / BLS Healthcare Provider card

EDUCATIONAL BACKGROUND SECTION

24. Enter the name of your high school or GED completion
25. Enter the city and state of your high school or where you completed your GED
26. Select from the options “Did you Graduate?” Yes or No (a GED is considered graduation)
27. If YES, you must enter the degree which would be “General Studies” and enter a graduation date
28. Enter the name of any colleges that you attended
29. Enter the city and state of all colleges attended
30. Select from the options “Did you Graduate?” Yes or No
31. If YES, you must enter the degree which would be your major declared and awarded and enter a graduation date
32. Enter any trade or specialty schools you attended
33. Enter the city and state of any trade or specialty schools you attended
34. Select from the options “Did you Graduate?” Yes or No
35. If YES, you must enter the degree which would be your major declared and awarded and enter a graduation date

EMS / MEDICAL EXPERIENCE SECTION

36. Select Yes or No if you have been or are currently employed by any EMS, Medical, Hospital, Military or Public Safety Agency
37. If NO, proceed to next question
38. If YES, enter all employment information including:
 - a. Company Name
 - b. Phone Number
 - c. Mailing Address
 - d. Supervisor Name
 - e. Job Title
 - f. Description of Job Responsibilities
 - g. Employment Dates (start and end)
 - h. Reason for Leaving (if Applicable)

COHORT SELECTION SECTION

39. Select which type of cohort you are applying to:
 - a. “Sponsored Student”-Sponsored by Public Safety or EMS Employer is only selected if you are currently employed by a Public Safety or EMS agency and you are being sponsored by your current employer. In order to select this option, you must have completed the student selection process at your sponsoring agency and must be currently listed on a ranked organization (employer) eligibility list.
 - b. “Non-sponsored Student”- Civilian is selected if you do not meet the above criteria

APPLICANT SHORT ANSWER QUESTIONS SECTION -

(THIS SECTION ONLY REQUIRED FOR CIVILIAN NON EMPLOYER SPONSORED APPLICANTS)

40. Please take your time and reflect on your answers to the four (4) questions. These will serve as follow-up questions, should you be invited to the oral panel interview phase of the selection process. It is very important that you give thoughtful and reflective answers to these questions and that you are prepared to discuss your answers further during the oral panel interview process. **(YOU SHOULD PAY VERY CLOSE ATTENTION TO GRAMMAR, PUNCTUATION, AND SPELLING. EACH CANDIDATE SHOULD THOROUGHLY REVIEW THESE ANSWERS BEFORE SUBMITTAL.)**
41. Be sure to save your progress as you answer each question.

ACKNOWLEDGMENTS / DISCLOSURE ACCEPTANCE SECTION

42. Each applicant must read and acknowledge each disclosure statement in this section. Please ensure that you have read each statement thoroughly and understand what you are acknowledging/accepting.

ELECTRONIC SIGNATURE

43. Enter (Type) your legal name as your electronic signature
44. CLICK "Sign Electronically"
45. PRINT THE CONFIRMATION PAGE AS YOUR RECEIPT OF SUBMITTAL