

Yale New Haven Hospital Center for EMS



2024 Paramedic Program Application

Application Check List

- Completed and notarized application packet
- Photocopies of the following items
 - Driver's License
 - EMT Certification
 - AHA CPR Certification
 - Diploma (High School or College)
 - ICS 100, 200, 700 Certifications
 - Completed health assessment form
 - Proof of Positive Titer (from the current calendar year) of:
 - MMR
 - Varicella
 - Hepatitis B (or waiver)
 - Proof of TDAP vaccination
 - PPD or equivalent (from the current calendar year)
 - COVID Vaccine Card with Booster
- School transcripts (most recent degree/diploma received)
- Three (3) letters of recommendation
- Typed essay on "The Future of Paramedicine" (minimum of 2 pages)
- \$75 non-refundable application fee (Money Order, Bank Check, Debit/Credit Card Only)
 - Early Bird Discount Fee waived for all applications received by June 31st

All items must be present for the application to be accepted. The only exception to this will be if a candidate's transcripts are being sent directly to Echo Hose from the issuing institution; however application will not be processed until transcripts have been received.

Yale New Haven Hospital Center for EMS



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Program being applied for: Bridgeport Hospital - 2024 Certificate Paramedic Program

Start Date: January 02, 2024

Application Deadline*: TBD

***Class size will be limited to a maximum of 24 students. In the event that there are seats available in the class after the application process, late applications will be accepted up until 2 weeks before the start of class on a first come, first serve basis.**

Please fill out application completely in blue or black ink. If a section or line does not apply to you, please mark as N/A.

Demographics

Name: _____ DOB: _____
First Middle Last

Home Address: _____ City/Town: _____ State: _____ Zip: _____

SSN: _____ E-Mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Driver's License Number: _____ Expiration Date: _____ State: _____

EMT Certification Number: _____ Expiration Date: _____ State: _____

How did you hear about us? _____

Yale New Haven Hospital Center for EMS



ECHO HOSE
AMBULANCE

2024 Paramedic Program Application

Primary EMS Employer/Service

Organization Name: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Supervisor's Signature: _____ Date: _____

Secondary EMS Employer/Service (if applicable)

Organization Name: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Supervisor's Signature: _____ Date: _____

Past EMS Employment or Volunteer Membership

Please include ALL PRIOR EMS affiliations beginning with the most recent.
Attach separate sheet if necessary.

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Organization Name: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Organization Name: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Non-EMS Employment

Organization Name: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Organization Name: _____ Phone Number: _____

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ECHO HOSE
AMBULANCE

2024 Paramedic Program Application

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Organization Name: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Position: _____ Date Employed: _____ To: _____

Duties/Responsibilities: _____

Supervisor: _____ Title/Rank: _____

Military Service

Branch: _____ Current Status: _____

Rank: _____ Dates of Service: _____ To: _____

Duties/Responsibilities: _____

Type of Discharge: _____

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Education

School: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Dates Attended: _____ Years Completed: _____ Degree: _____

If no degree, courses attended: _____

School: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Dates Attended: _____ Years Completed: _____ Degree: _____

If no degree, courses attended: _____

School: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Dates Attended: _____ Years Completed: _____ Degree: _____

If no degree, courses attended: _____

Have you ever had any felony or criminal convictions other than minor traffic violations?

Yes _____ No _____

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If **YES**, please explain. _____

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2024 Paramedic Program Application

I attest that all information in this application is correct and truthful. I understand that discovery of falsification of the above is full and sufficient reason for dismissal from the program. I have read the program description and information.

Applicant Signature

Date

Notary Public

Date

Yale New Haven Hospital Center for EMS



2024 Paramedic Program Application

RELEASE OF INFORMATION

Authorization to release information to the Yale New Haven Hospital Center for EMS.

TO: _____
Employer/ school

I, _____, authorize you to release to Yale New Haven Hospital Center for EMS and representatives of the Yale New Haven Hospital Center for EMS, any information necessary to evaluate my credentials, appropriateness, or health relative to my application for Paramedic Training. This release is valid for a period of twenty-four (24) months from this date.

Applicant Signature

Date

Notary Public

Date

Yale New Haven Hospital Center for EMS



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2024 Paramedic Program Application

Note to Candidate:

Submit one for each employer or school listed above

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2024 Paramedic Program Application **HEALTH INSURANCE WAIVER**

I, _____, understand that in the course of my paramedic training, I may have an increased risk of exposure to hazardous situations and/or infectious diseases. I agree to maintain personal health insurance during my training and understand that the Yale New Haven Hospital Center for EMS paramedic program will not provide such coverage. Furthermore, the Yale New Haven Hospital Center for EMS paramedic program and its clinical affiliates and internship sites will not provide worker's compensation insurance to students for training related illnesses or injuries.

Applicant Signature

Date

Notary Public

Date

Yale New Haven Hospital Center for EMS



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AMBULANCE

2024 Paramedic Program Application **SUBSTANCE ABUSE FORM**

I certify that I am not actively addicted to alcohol or other drugs. I certify that I have no substance abuse or alcohol problems and that I do not use illegal drugs. I understand that discovery of such addiction or use may be reason for dismissal from the program.

Applicant Signature

Date

Notary Public

Date

Yale New Haven Hospital Center for EMS



2024 Paramedic Program Application **HEPATITIS B FORM**

I have been advised by the Yale New Haven Hospital Center for EMS Paramedic program that I should be vaccinated against Hepatitis B, and if I decline, I understand I will likely be exposed to hepatitis B and other infectious diseases and that contracting the illness may have serious consequences, including that of death. I further understand that failure to have various up to date vaccinations and provide proof of the same, may preclude me from participating in clinical experiences and field internship necessary for successful graduation.

Applicant Signature

Date

Notary Public

Date

Yale New Haven Hospital Center for EMS



2024 Paramedic Program Application **Hepatitis B Vaccination Declination**

(Only fill out if you choose NOT to get vaccinated for Hepatitis B virus)

Student Name: _____ Date of Birth: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials during my clinical and field internship rotations, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I decline receiving the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials while at clinical and field rotations and I want to be vaccinated with hepatitis B vaccine, I may do so and rescind this declination.

Reason for Declination: _____

Signature: _____ Date: _____