

## Yale New Haven Hospital Center for EMS Paramedic Program Application

Program being applied for (Please circle):

1. New Haven Paramedic Program      2. Healthcare Professional to Paramedic      3. Hybrid Accelerated Program  
4. Licensed Paramedic to Nationally Registered Paramedic      5. Military Medic to Civilian Paramedic  
6. Echo Hose/Bridgeport Hospital Satellite Program      7. South Windsor CPR Training Professionals Satellite Program

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? \_\_\_\_\_

### 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: \_\_\_\_\_

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### 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.

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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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: \_\_\_\_\_

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### Military Service

Branch: \_\_\_\_\_ Current Status: \_\_\_\_\_

Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

### 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: \_\_\_\_\_

## Yale New Haven Hospital Center for EMS Paramedic Program Application

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Yale New Haven Hospital Center for EMS 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

**Note to Candidate:**

**Submit one for each employer or school listed above and they must be notarized**

## Yale New Haven Hospital Center for EMS Paramedic Program Application

### NOTARIZED 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

## Yale New Haven Hospital Center for EMS Paramedic Program Application

### NOTARIZED 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.

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Applicant Signature

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Date



## Yale New Haven Hospital Center for EMS Paramedic Program Application

### NOTARIZED 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.

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Applicant Signature

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Date

## Yale New Haven Hospital Center for EMS Paramedic Program Application

### NOTARIZED 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: \_\_\_\_\_

## Yale New Haven Hospital Center for EMS 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.

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Applicant Signature

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Date

## Yale New Haven Hospital Center for EMS Paramedic Program Application

### Application Check List

- Completed and notarized application packet
- Photocopies of the following items
  - Driver's License
  - EMT Certification
  - CPR Certification
  - Diploma (High School or College)
  - ICS 100, 200, 700, 800 Certifications
  - Proof of Positive Titer (from the current calendar year) of:
    - MMR
    - Varicella
    - Hepatitis B (or waiver)
  - Proof of TDAP vaccination
  - Proof of COVID vaccination with booster
  - PPD or equivalent (from the current calendar year)
- School transcripts (most recent degree/diploma received)
- Completed health assessment form
- Three (3) letters of recommendation
- \$75 non-refundable application fee (Money Order, Bank Check, Debit/Credit Card Only. No Personal Checks)

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