

**Dixie State College
Paramedic Application Checklist
Year 2010-2011**

Name: _____
Address: _____

DOB: _____

Date: _____
SS#: _____
Phone#: _____
SO: _____

Requirements

- | | |
|---|----------------------------|
| <input type="checkbox"/> DSC Application | __ Signed Student Contract |
| <input type="checkbox"/> \$25.00 application fee paid | __ Current CPR Cert |
| <input type="checkbox"/> Current EMT Cert | __ Malpractice Insurance |
| <input type="checkbox"/> Current EMT Activity | __ Fees Paid |
| <input type="checkbox"/> 2 Recommendation Forms | __ Background Check |
| <input type="checkbox"/> Personal Letter | __ Physical Exam |
| <input type="checkbox"/> Official Transcripts | __ IHC HIPPA |
| <input type="checkbox"/> Drug Screen | __ Sunrise HIPPA |
| <input type="checkbox"/> Interview | __ UMC HIPPA |

Prerequisite Course Grades:

Medical Terminology HLOC 1000 _____
 Human Anatomy BIOL 2320 _____
 Human Anatomy Lab BIOL 2325 _____
 OR
 Human Biology BIOL 1200 _____
 Intermediate Algebra MATH 1010 (or ACT scores) _____
 Introduction to Writing ENGL 1010 (or ACT score) _____

Immunizations: (Verification of Childhood Immunizations)

MMR or Rubella & Rosella Titer _____
 Chicken Pox or letter _____
 HEP B Series _____
 Tetnus _____

Immunizations: (Verification of Current Immunizations)

tDap _____
 TB Skin Test _____

Results:

Accepted: _____ **Alternate:** _____

Denied: _____

