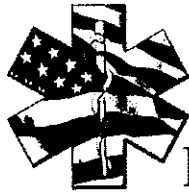


PARAMEDIC PROGRAM ADMISSION

1. All requirements listed under the heading "*General Admission Requirements*"
2. Successfully complete the EMT basic entrance examination.
3. 18 years of age. If under 18 years of age, applicant must have a parent or guardian sign consent.
(Note: Students under the age of 18 may not be eligible to apply for any credentialing until they reach the age of 18 years of age.)
4. Complete and submit an enrollment application.
5. Complete and sign an enrollment agreement.
6. Submit a \$100.00 registration fee.
7. Submit payment for program tuition and applicable fees or secure funding for a career based loan.
8. Provide proof of United States citizenship or residency
9. Provide proof of State of Florida EMT licensure or successfully have passed a State of Florida EMT program and are waiting to take the Florida exam, provide licensure information on completion of the examination.

****NOTE* Students must be State of Florida EMT licensed and provide documentation by midpoint/midterm or they will be removed from the program until they obtain the State of Florida credential.***

10. Provide proof of current CPR certification by the American Heart Association (AHA) healthcare provider or a state approved CPR provider or attend a mandatory training session at the institution (not included in tuition and an additional \$ 75.00 fee is charged for this course).
 11. Provide a completed health physical form from a State of Florida licensed physician. Physical examination forms are available from student services.
 12. Provide proof of the following:
 - Vaccination of or Immunity to; Measles, Mumps, Rubella (MMR).
 - Negative skin test for tuberculosis (PPD or TB skin test). Tuberculosis test cannot be more than 12 months old. If applicant tests positive historically or currently, proof of a negative chest x-ray will be required.
 - Hepatitis B vaccination series; or proof of immunity; or a signed Hepatitis B declination form. Form is available from student services.
 - Influenza vaccination for the current year or a signed refusal form. Form is available from student services.
 - Current tetanus vaccination.
 13. Students must be able to pass a background check. A student may not have a felony or misdemeanor conviction as per Florida Statute.
-



**Medical
Career
Institute**

Training Tomorrow's Professional

Medical Career Institute
27975 Old 41 Road, Suite 201
Bonita Springs, FL 34135
Office: (239) 992-4MCI
Fax: (239) 405-8024

Student Application
Please Print Clearly

Registration fee \$150.00

First Name:	Last Name:
Home Phone:	Cell Phone:
E-Mail Address:	

Home Address		Mailing Address (If Different)	
Street:		Street:	
Apartment #:		Apartment #:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

Date of Birth:	Social Security #:
Driver's License #:	DL State of Issue:

Race:	Ethnicity:
Sex:	Marital Status: _____
	Number of Dependents: _____

Emergency Contact	Preferred Contact Method
Name: _____	<input type="checkbox"/> Email <input type="checkbox"/> Text Messaging <input type="checkbox"/> Other
Relation: _____	Please list: _____
Address: _____ _____	List Cellular Provider for Text Messaging
Phone #: _____	Cell #: _____

Education

High School Information:

High School GED Equivalent Diploma **Name of High School Attended:** _____
Year of High School Graduation: _____

PLEASE PICK ONE OF THE ITEMS BELOW

High School Graduate Only Some College Associates Degree Bachelor's Degree Master's Degree

Military

Have you ever served in the armed forces: YES/NO **Are you a Disabled Veteran: YES/NO**

Disability

Do you have or have been diagnosed with a learning disability: YES/NO
 Do you require any special accommodations for a disability: YES/NO
 If you yes to any of the above can you provide medical documentation of the disability: YES/NO

How did you hear about us?

Friend Internet Radio Newspaper Job Fair High School Flyer
 Department Flyer Other: _____

Courses Interested In

(Check all that Apply)

EMT Paramedic FF II & II ACLS PALS ITLS AMLS Other: _____

Course	Registration Deadline	Start Date	End date
EMT			
<input type="checkbox"/> Lee County B Shift, except weekends			
<input type="checkbox"/> Tues, Thurs night and Saturday day			
<input type="checkbox"/> Online/Hybrid Class			
Paramedic			
<input type="checkbox"/> B Shift			
<input type="checkbox"/> Tuesday Only			
<input type="checkbox"/> Wednesday Only			
<input type="checkbox"/> Online/Hybrid			
Firefighter I & II			
<input type="checkbox"/> Monday/Wednesday & Friday Nights 1-2 Sundays per month		T	
AS Degree			
<input type="checkbox"/> Emergency Medical Services			
<input type="checkbox"/> Fire Science Technology			

Student Shirt Size: _____

Student Signature: _____

Date: _____

Administrator Only

Admission Date: _____

Admission Rep: _____

Date Registration Fee Paid: _____

Did student supply Disability Forms: YES/NO
Are they attached: YES/NO

Circle one:
 Cash - check - credit card -
 Amount Paid: _____

MEDICAL CAREER INSTITUTE

STUDENT PHYSICAL FORM

TO: Medical Career Institute
27975 Old 41 Road, Suite 201
Bonita Springs, Fl 34135
Office: (239) 992-4624 – (239) 992-1624
Fax: (239) 405-8024

DATE: _____

The following patient is enrolled in the: _____ EMT _____ Paramedic course at MCI and will have to perform physical tasks during his/her externships.

_____ has been examined by me and found to be in good physical condition free of communicable diseases and is physically able to participate in the healthcare programs offered by MCI.

Does the patient above have any medical or physical restrictions that would cause him/her to not participate in the enrolled programs: YES / NO
If yes please list restrictions below or attach sheet to this form.

Please list all Medications the patient is currently taking:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Below are the required vaccinations/titers & tests that the patient must have before enrolling in the program.

The tuberculosis test must be less than 12 months old before enrolling in the program. For patients testing positive a chest x-ray is required and must be attached.

Results of tuberculosis test: Date: _____ Negative: _____ Positive: _____

MMR Vaccines (Measles, Mumps, Rubella) or Titer: Date: _____

MEDICAL CAREER INSTITUTE
STUDENT PHYSICAL FORM

Hepatitis B Vaccine series or titer (**recommended, not mandatory**): Titer date: _____

Dates: 1st _____ 2nd _____ 3rd _____

Flu Shot Vaccine: Yes / NO If yes Date: _____
(Vaccines may be seasonal) Students may also sign a refusal waiver for the flu shot if they wish to not receive the vaccine or if the vaccine is unavailable.

Proof of having had Chicken Pox or titer: Date: _____

Drug Test: Students are required to have a **10 panel urine drug** test completed prior to enrolling in the program. Please attach the results in a sealed office envelope with the doctor/clinics office letterhead to this form.

Drug Test taken: YES / NO

Date of Drug Test: _____

Did doctor's office attach drug test results in sealed envelope: YES / NO

For Physician use only

Physician's Name (Please Print)

Physician's Signature

Address

City

State

Zip Code

() _____
Phone Number

Student's Signature

Date