

**Health and Safety Sciences** 

## Verification of Prerequisites for Enrollment in the Paramedic Program

All students wanting to enroll in Paramedic Program should follow these instructions.

Enrollment is open to qualified applicants who fulfill the following admission requirements: 1. Hold a current California EMT certification 2. Hold a current healthcare provider level BLS card. Complete application to the program within annual application period in the Spring. A Multiple screening tool will be used to select a cohort.

- 1. Fill out the form attached to these instructions.
  - NOTE: You are responsible for notifying the Health and Safety Sciences Division office when you change your address or telephone number. Please call 661-722-6300, extension 6402, to do this.
- Attach a copy of the Educational Planning and Evaluation Form completed by an AVC counselor. Call 661-722-6300, extension 6338, to schedule an appointment. If you are requesting an equivalency or substitution, allow at least six weeks for the process to be completed. All students must see an AVC counselor before they submit an enrollment packet. Counselors complete Educational Planning and Evaluation Forms by appointment only.

NOTE: If you have taken prerequisite courses outside of AVC, you will be required to submit a request for equivalency/substitution through counseling. These must be approved before you can apply. We will not accept any application with courses pending approval or in progress. Grades must be posted.

- 3. Attach official transcripts from institutions where prerequisites were completed.
  - NOTE: Transcripts must be official, in sealed envelopes from the issuing institution and not have been opened by the student. We will not accept electronic transcripts, transcripts that have been opened or copies.
- 4. Submit the items listed in numbers 1-4 to the Health and Safety Sciences Division office (UH 198, first floor, Uhazy Hall). Office hours are Monday through Thursday, 7:30 a.m. to 6 p.m. and Friday, 7:30 a.m. to 11:30 a.m. Enrollment packets may also be mailed. Only official documents will be accepted. Faxed documents are not official and are not accepted. INCOMPLETE PACKETS WILL NOT BE CONSIDERED. Student applications will be ranked according to the multi screening criteria and enrollment will be based on the points system. Applications must be turned in by August 12 to be considered for the fall semester.

Antelope Valley College prohibits discrimination and harassment based on sex, gender, race, color, religion, national origin or ancestry, age, disability, marital status, sexual orientation, cancer-related medical condition, or genetic predisposition. Upon request, we will consider reasonable accommodation to permit individuals with protected disabilities to (a) complete the employment or admission process, (b) perform essential job functions, (c) enjoy benefits and privileges of similarly-situated individuals without disabilities, and (d) participate in instruction, programs, services, activities, or events.



Health and Safety Sciences

3041 West Avenue K, Lancaster, CA 93536-5426

## VERIFICATION OF PREREQUISITES FOR ENROLLMENT IN THE PARAMEDIC PROGRAM

(Please print or type information and sign on the back of the page where indicated)

AVC ID N	umber		Telephone				
					E-mail address		
Name _							
	Last	First	Middle		Maiden and Other Names Used		
Address							
	Number and Street		City			State	Zip Code
College A	ttended:						
				Date Entered: _	_	Date Graduated:	
				Date Entered: _		Date Graduated:	
				Date Entered: _		Date Graduated:	
				Date Entered: _		Date Graduated:	
				Date Entered: _		Date Graduated:	
				Date Entered:		Date Graduated:	

Initial the spaces the	at apply to you:					
	ncluded a copy of my current EMT License (Front and Back) ncluded a copy of my current BLS for the health care provider card.					
Health and Safety S	is form is a request for review of prerequisites for the Paramedic Program. I understand that it is my responsibility to notify the ciences Division office of any change of address or telephone number. I understand that I will be required to have a physical creen and background screen before completion of the Paramedic Program, and the results may affect my ability to successfully am.					
By signing this form I am stating that all information provided is accurate and I have submitted transcripts from all colleges and universities that I have attended. I understand that falsifying or omitting any information is fraud. At any point if it is discovered that a student has omitted or falsified academic or personal information required by the college or program, the student will be disciplined according to Antelope Valley College Board Policies, Section 5500, and the college disciplinary process.						
Signature of Student	Date					