

Wizard Medical Education Paramedic Course Application

PLEASE READ

The following items **MUST** be returned with your application:

1. Copy of Current State EMT or National Registry Certification
2. Copy of Current AHA BLS Healthcare Provider Card (Front & Back)
3. Copy of Valid Identification (Drivers License, State Issued ID, Passport)
4. Two Letters of Recommendation from a Currently Certified AZ ALS Provider and/or Supervisor
5. Copy of your high school diploma or GED certificate

Acceptance into the Paramedic Program requires successful completion of an EMT written exam, EMT practical skills exam and an oral interview. Program is limited to 24 participants.

Name _____

E-mail address _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State Zip _____

Date of Birth ___/___/___

How long have you been certified as an EMT? _____
(In years, round down to full years.)

Number of years actually working as an EMT: _____
(In years, round down to full years.)

Health Care Service / Department you work for

Type of EMS Service (Police / Fire / Private / Etc.)

High School Attended _____ Graduated _____

College Attended _____ Graduated _____

EMT Course Attended _____ Completed _____

EMT Course Instructor _____

Has your EMT Certification ever been suspended
or revoked? Y / N

Have you ever been convicted of a felony? Y / N

Have you ever been convicted of any offense
relating to controlled substances? Y / N

If you answered YES to any of the questions above, please explain in detail
below or on a separate sheet of paper.

Shirt Size: S M L XL other _____

Please indicate where you would like to attend class:

Peoria _____

Other location where you would like to attend _____

Tuition will be paid by (check one)

Self Employer GI Bill Other: _____

By signing below you attest that:

The above information provided is correct and true.

*You understand that providing false information will be cause for
Your application to be removed from consideration.*

PRINT NAME _____

SIGNATURE _____ DATE _____

**WIZARD MEDICAL EDUCATION
VETERAN'S INFORMATION SHEET**

NOTICE: It is your responsibility to comply with the following rules.

- You are responsible to notify the Wizard Medical Education VA Representative at the time of **dropping a class or withdrawing**.
- For Post 9/11 & Ch. 30 Montgomery GI Bill, **You** are responsible for payment to the business office.

| | | |
|--|--------------------|--------------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Email: | | |
| Phone: | Cell Phone: | |
| Social Security Number: | | |
| Is this your first enrollment at Wizard Medical Education? | | |
| Yes | No | |
| Have you used your VA benefits before? | | |
| Yes | No | |
| <u>Please list all College or Trade schools attended below.</u> | | |
| If yes, where? | | When? |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Which location do you plan to attend? | | |
| | | |
| Are you using a parent's VA benefit? | | |
| Yes | No | |

Are you using a parent's VA benefit? Yes No

Please provide the following information if you are applying for benefits under Chapter 35 Benefits for Survivors and Dependents Educational Assistance.

Name of Veteran _____ Social Security # _____

_____ (initials) I certify that I have listed all sources of potential transfer credit on this form.

_____ (initials) I certify that I will notify and authorize ALL previous attended institutions of higher learning to send unofficial transcript to:

Wizard Medical Education
att: Registrar
9516 W Peoria Ave #7
Peoria Az 85345
or Email them to: Beth@wizardeducation.com

_____ (initials) I will submit my Joint Services Transcript or Community College of the Air Force transcripts for evaluation by Wizard Medical Education (Applicable to Veteran, Active Duty or Reserves only)

I understand that I must attend classes and comply with all standards of progress and rules of conduct as set forth by Wizard Medical Education and VA Regulations. I also understand that it is my responsibility to notify the VA Representative at the time of dropping a class or withdrawing.

Students Signature

Date

School VA Representative Signature

Date

Where to Get an Official Military Transcript

Joint Services Transcript (<https://jst.doded.mil>)

Active Duty, Reserves, Air National Guard (service after 1972) Community College
of the Air Force transcript CCAF Transcript ([http://www.au.af.mil/au/ccaf/
transcripts.asp](http://www.au.af.mil/au/ccaf/transcripts.asp))

Veterans

Army, Navy, Marine Corps, Coast Guard (service prior to 1976)
Air Force (service prior to 1972) DD-214 National Archives ([http://
www.archives.gov/veterans/military-service-records/](http://www.archives.gov/veterans/military-service-records/))