

**ST. JOHNS RIVER STATE COLLEGE  
 PARAMEDIC PROGRAM – LIMITED ACCESS (Day Classes, Orange Park Campus)  
 SUPPLEMENTAL APPLICATION FOR ADMISSION FALL 2018**

**APPLICATION PERIOD FOR FALL 2018  
 April 1, 2018 – June 15, 2018**

Send applications to: Allied Health-Paramedic  
 Attn: Erin Edwards

2990 College Dr., St. Augustine FL 32084-1197

Phone: (904) 808-7465 Fax: (904) 808-7470 Email: elizabethedwards@sjrstate.edu

Date: ____/____/____  St. Johns River State College Student ID: _____	Date Received:
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Name: _____			
(Last)	(First)	(Middle)	(Other Name Used)

Permanent Mailing Address: (Street Address) _____			
(City)	(County)	(State)	(Zip)
Telephone: (    ) _____ (    ) _____ (SJRState Email Address) _____			
** Other email address :			

<b>Person to be notified in case of an emergency:</b>			
Name _____	Relationship _____		
Address _____	City _____	State _____	Zip _____
Home Telephone (    ) _____	Work Telephone (    ) _____		

Each candidate must satisfy the following requirements to be considered for admission to the Paramedic Program:  
 (Please check all that apply)

<input type="checkbox"/> I have completed the application process to St. Johns River State College. <input type="checkbox"/> I have an overall high school or college GPA of 2.0 (which includes transfer work). <input type="checkbox"/> I have completed MAT 1033 and ENC 1101 or I am eligible to enroll in these courses based on placement exams. <input type="checkbox"/> <u>I have attached a copy of my current Florida driver's license.</u> <input type="checkbox"/> I am a high school graduate or have a general education diploma (GED) and have sent an official copy of my high school and any college transcripts to St. Johns River State College. <input type="checkbox"/> I am ≥ 18 years of age. <u>I have attached a copy of my Birth Certificate.</u> <input type="checkbox"/> I have attached a copy of my current <u>Florida Emergency Medical Technician License or an official transcript providing proof of completion of a Florida Emergency Medical Technician approved program.</u>
What shift are you currently scheduled? (If Applicable) _____

**SJR State College Non-Discrimination Statement**

St. Johns River State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Title IX Coordinator/Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.

**NOTE: *This application is good for the current application period only April 1 – June 15, 2018. Falsification of any part of this form will be grounds for denial of admission.***

**Date:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_