Thank you for your interest in Hillsborough Community College Health Sciences Programs. Acceptance to the Paramedic Program is selective, a complete application packet must be submitted in order to be considered for admission. Please note that for all Health Sciences Programs, ALL required prerequisite courses and ALL admission requirements mentioned below must be completed prior to the application deadline. Incomplete applications will not be considered for admission.

Use this as your checklist. This document was created as part of the Paramedic application to help you through the admission process. Please read carefully all the information provided before submitting your application. Following these guidelines will facilitate you submitting a complete application to Health Sciences Admissions. After reading this checklist, please sign your initials and include it with your Health Sciences Application.

Admission packets must include the following:

☐ **College admission application**: All new students must submit an HCC admissions application. **Current HCC students** do not need to submit a new application, UNLESS you have an interruption through your HCC enrollment of three academic terms or more. Students who have not attended HCC within the last year as well as recent graduates must complete a new application. Recent graduates, **if you will continue attending HCC after graduation OR you are submitting a Health Sciences application**, you must fill out the Student Information Change form at the Admissions, Registration and Records Office to select a new program code.

☐ **Paramedic Program Application**: In addition to an HCC admission application, applicants must complete a Paramedic Application. If your address changes after submitting this application, notify Health Sciences Admissions via email to healthsciences@hccfl.edu.

☐ **Health Sciences application fee**: A $53 money order must be included with the application form. Please make money order(s) payable to Hillsborough Community College. Application fee payment by check, credit card or cash will be accepted at the Bursar’s Office. Receipt must be included with application. Students applying to more than one program for the same term, an additional fee of $10 must be included for each additional program application. The application fee is non-refundable.

☐ **Background Consent form**: All applicants are required to complete and sign the enclosed Criminal Record Consent form. If selected for the Paramedic Program, you will be required to complete a background check at your expense. Background checks are ONLY valid for the term you are applying.

☐ **Transcripts**: Applicants are responsible for verifying that final official high school transcripts (regular high school attendance or dual enrollment) or GED scores have been received by the Hillsborough Community College prior to the established program deadline date regardless of previous attendance. **Applicants MUST submit official transcripts from ALL academic institutions attended (high school, college, university, military, technical centers or institutes, etc.).** Also, applicant must send AP or CLEP test scores from official testing source. Scores listed in transcripts from other academic institutions will not be considered official.

Transcripts can be sent to: Hillsborough Community College Attn: Transcripts 1602 N. 15th St. Tampa, FL 33605 or with the Paramedic application to Hillsborough Community College Health Sciences Admissions Office PO Box 30030 Tampa, FL 33630-3030.

In the event you are unable to secure transcripts due to reasons beyond your control (**i.e. institution is no longer in existence**) you must provide official documentation of your attempts to secure those transcripts prior to the established deadlines. **Students must submit transcripts from all institutions attended.** HCC will NOT waive the requirement if the student’s prior institution will not release the transcripts due to financial obligations.
Valid Florida College Entry Level Placement Test: (CPT/PERT) taken within the last two years (TABE test not accepted) OR equivalent coursework. Acceptable Placement Test scores are: Reading - 71, Writing - 71, Arithmetic – 80. For coursework equivalency, visit an Academic Advisor at the campus of your preference.

Copy of current license/certification, if applicable. (EMT, CPR, NREMT, ARRT, CNA, LPN, PN, etc.) Applicants must send copy of the current FL EMT-B certification card. Applicants that have not completed the test to receive their FL EMT-B license will not be penalized but IF accepted into the Program they must provide a copy of the Florida certification card by the Orientation and send a copy to Health Sciences Admission. National Registry for Emergency Medical Technicians will not be considered for admission as a replacement for the FL EMT-B license.

If employed, an original letter on official company letterhead from the immediate supervisor (signed by supervisor) verifying full-time employment as EMT/Firefighter at the time of application must be included with the Paramedic Application form to be eligible for selection priority based on employment.

Deadlines: All necessary documents MUST BE COMPLETED and RECEIVED with the application by the Health Sciences Admissions Office by the published application deadline, in order to be considered in the Paramedic Program applicant pool. Applications with missing documents or received after the deadline date will be considered incomplete and will not be included in the applicant pool.

Initial this checklist. __________

For up to date information about the Paramedic Program, please consult the college catalog. You may also visit the http://www.hccfl.edu/departments/health-science/ems-programs/curriculum-paramedic-program.aspx. Academic Advisors and Counselors are available at any of our campuses to assist applicants. You may also email Health Sciences Admissions Office to healthsciences@hccfl.edu for further assistance.

All documents must be submitted to the following address: Hillsborough Community College Health Sciences Admissions Office PO Box 30030 Tampa, FL 33630-3030. Do not mail your application to any other address. You may also drop off your application packet in person by using the Health Sciences Admissions drop box located in the Student Services Building, outside the Admissions, Registration and Records Office at the Dale Mabry Campus (DSTU 119).

To monitor the progress of your application, please log on to your HCC WebAdvisor account. Check your Hawkmail or the email you provided in the application for any correspondence, if necessary, regarding your application prior to the deadline date. If you use your personal email account when submitting your application, we advise you to check your Junk or Spam mail for any Health Sciences Admissions correspondence before the deadline date. Please note that while we are reviewing your application, documents will show a “Not Received” or “ASAP”, “UNDER REVIEW” message or status next to them until it has been reviewed by the Health Sciences Admissions Team. If your WedAdvisor does not show any code or messages related to your Health Sciences application, it means that your application was received but has not been processed yet. This information is updated regularly so continue to monitor. ALL required documentation must be received by the deadline date in order for the application to be considered eligible for admission into the program.

Health Sciences Admissions will not inform applicants of their official status or offer any detailed information about the application or documents submitted. The official acceptance status into the Paramedic Program will ONLY be notified through official communication send via U.S. Mail from the Health Sciences Admissions Committee. Please be aware that it takes approximately 8 – 10 weeks after the deadline for the application to be processed. If you desire confirmation of receipt of your application packet, please provide a pre-paid, self-addressed post card. No other confirmation will be sent.
APPLICATION FOR ADMISSION
PARAMEDIC PROGRAM

Fill out completely and print in ink. Submit this application with all required documents to the Health Sciences Admissions Drop Box or send it to the following address:

Hillsborough Community College
Health Sciences Admissions Office
P.O. Box 30030
Tampa, FL 33630-3030

Application Term:
- Fall – May 15th ______ Year
- Spring – September 15th ______ Year
- Summer – January 15th ______ Year

I. PERSONAL INFORMATION  (Note: If your address changes after submitting this application, notify Health Sciences Admissions via email to healthsciences@hccfl.edu.)

NAME ____________________________________________ Student ID # _____________
Last Name First Name MI

PREVIOUS NAME (If any) __________________________________________________________________________

MAILING ADDRESS ______________________________________ Number and Street __________ Apt # __________
________________________________________________________________________________________
City State Zip code

PHONE/S (Local) __________________________ Email: __________________________

II. APPLICATION(S) BEING SUBMITTED

Is this the only Health Science application you are submitting for this term? ______ Yes ______ No

If no, then please list all other programs for which you will be applying or have applied to:
________________________________________________________________________________________
________________________________________________________________________________________

III. PREVIOUS EDUCATION: List ALL institutions and dates of attendance.

Applicants are responsible for verifying that final official high school (regular or dual enrolled students) transcripts or GED scores have been received by the Admissions, Registration and Records Office or Health Sciences Admissions Office prior to the established program deadline date. Applicants who have attended other colleges, universities, vocational or technical schools or have received education while in the military must submit official transcripts from these institutions. Failure to include an institution or Health Sciences Admissions not receiving the official sealed transcript may result in admission to the program being denied.
HIGH SCHOOL OR GED
Official transcript must be included with the application. Students who already have a degree (associate, bachelors and/or masters), high school transcript will not be required. However, it is the student’s responsibility to ensure that official transcript confirming degree/s have been received by HCC.

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<tr>
<th>High School</th>
<th>City</th>
<th>State</th>
<th>Graduation Date (MM/YY)</th>
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COLLEGE/UNIVERSITY
Official transcripts for ALL institutions attended, including vocational, technical must be included with this application. It is the student's responsibility to ensure that official and updated transcripts have been received regardless of previous attendance at HCC. Test scores for AP, CLEP exams or the equivalent in the military must come from the official testing source (i.e. College Board, International Baccalaureate…). Scores listed in transcripts from other academic institutions will not be considered official.

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<tr>
<th>Name of College/University</th>
<th>State</th>
<th>Attendance Date From (MM/YY) to (MM/YY)</th>
<th>Degree(s) or Number of credits earned</th>
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IV. PREVIOUS OR CURRENT LICENSES/CERTIFICATIONS
List previous or current licenses or certifications in an allied health profession below. Include dates and registry/ certification numbers. Please attach a copy of all your current licenses/certifications. (Florida State EMT-B, EMT National Registry, CPR, CNA, LPN, etc.. National Registry for Emergency Medical Technicians will not be considered for admission as a replacement for the FL EMT-B license.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

V. PHYSICAL HEALTH
Final admission into a Paramedic Program will be contingent upon evidence of satisfactory physical exam as certified by a licensed physician. If accepted into the Program, further information will be provided at the MANDATORY Program Orientation.
VI. BACKGROUND INVESTIGATION

Upon acceptance into a Health Sciences Program, you will be required to complete a background check/fingerprint. Information on how to complete this background check/fingerprint will be included in acceptance packet. The cost for this background check is approximately $50.00. The applicant is solely responsible for the cost of this background check. **Background checks are only valid for the term you are applying.**

Please be advised that certain certifying agencies for health science professions require that an individual disclose prior arrest/conviction records. Some agencies will not permit individuals with prior arrest/conviction records to become certified. Should you have a prior arrest/conviction record, you may wish to contact the certifying agency for your program of choice to clarify whether your record will affect your certification eligibility.

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You are applying for the Paramedic Program at Hillsborough Community College

Applicant must provide **proof of current Florida EMT-B certification or proof of certification eligibility** at the time of application. **If** accepted into the Program, applicant MUST obtain the Florida EMT-B certification by the date of the mandatory Paramedic Program Orientation. The student that is unable to provide proof of current Florida EMT-B certification by the Program Orientation will be forfeiting his/her seat into the Paramedic Program.

Are you currently employed as an EMT or EMT/Firefighter?  _____ Yes  _____ No

If Yes, Name of Agency: ______________________________________________________________________

For applicants seeking priority based on employment by a community of interest:
I authorize HCC to communicate with my employer and/or direct supervisor regarding my application.

_________________________  ____________________
Signature of applicant       Date

Applicants who are full-time EMT and or EMT/Firefighters employed by certain local communities of interest by the application deadline will be given selection priority over other applications conditioned to prerequisite GPA requirement. Applicants must indicate their employer on the Paramedic Program Application. An **original letter** on official company letterhead from the immediate healthcare supervisor (signed by supervisor) verifying full-time employment at the time of application must be attached to the Paramedic Application for an applicant to be eligible for selection priority based on employment.
Incomplete applications will not be considered for admission. Students will have to reapply for admission to their desired program by the next established deadline. We strongly encourage you to submit your application at least 30 days in advance. We will attempt to screen applications for deficiencies although screening is not the college’s responsibility.

Acknowledgment:

I certify that all statements given in this application are true and accurate to the best of my knowledge. I understand and agree that the responsibility of submission, verification of receipt and documentation of submissions of all forms, applications, fees, transcripts, evaluations and certifications by the designated deadline is mine. I agree to abide by the rules and regulations of Hillsborough Community College as published in the Student’s Code of Conduct.

I understand that the decision to allow entrance into an HCC program is in no way a guarantee of future employment and/or licensure. Should I have any questions concerning ability to be licensed I understand it is my responsibility to contact the licensing board.

__________________________________________________________
Signature of applicant

__________________________________________________________
Printed Student Name

__________________________________________________________
Date

__________________________________________________________
Student Id Number

Hillsborough Community College is an equal access/equal opportunity employer that makes employment and education-related decisions without regard to race, color, gender, religion, national origin, age, disability, sexual orientation, marital status or any other bias that is or may be prohibited by laws.

Employees and students who believe they have been a victim of discrimination or sexual harassment should contact:

Dr. Joan B. Holmes
Special Assistant to the President for Equity and Special Programs
District Administrative Offices
39 Columbia Dr., Room 718  Tampa, FL 33606  (813) 253-7043
Email: jholmes16@hccfl.edu

Updated Application form - 02/25/2015
Health Sciences Admissions – LH/GG
CRIMINAL HISTORY INFORMED CONSENT

For acceptance into a Health Sciences program at Hillsborough Community College (HCC) and continuing through enrollment and program completion, you must not have been found guilty, regardless of adjudication, of an offense that would disqualify you from employment in health care or a health care setting. If you have unresolved offenses or are on probation, you may be ineligible to be placed in a clinical environment. You must meet all placement standards to participate in Health Sciences programs at HCC due to requirements mandated by affiliation agreements with clinical sites.

You will submit fingerprints and information about yourself, including your Social Security number, for a Level 2 screening ("Consumer Report"). Results of the background screening will be sent to the HCC Health Sciences Admissions Office. Should you require an exemption from a disqualification, you can appeal to the HCC Health Sciences Admissions Office. Not all offenses are disqualifying. If your Consumer Report lists a potentially disqualifying offense, the HCC Health Sciences Admissions Office will contact you for additional documentation and/or for a more in-depth review. Your Health Sciences Licensure Board, where applicable, may or may not allow a graduate from a Health Sciences program who has a disqualifying offense, such as an arrest or conviction, to sit for licensure.

I understand that per the Fair Credit Reporting Act and the Federal Trade Commission, the Level 2 background check described in this Disclosure and Release (informed consent form) is considered to be a Consumer Report. To be eligible as an applicant/student to any HCC Health Sciences program or to continue as a student in a Health Sciences program at HCC, I cannot have a criminal history with a conviction of one or more crimes as outlined in Section 435.03, Florida Statutes.

I understand that effective July 1, 2009, pursuant to Section 456.0635, Florida Statutes, health care boards in Florida or the Department of Health will refuse to issue a license, certificate or registration and will refuse to admit a candidate for examination, as outlined in Section 456.0635, Florida Statutes.

I understand that admission into any HCC Health Sciences program on the basis of the Consumer Report is no guarantee I will be eligible for licensure or future employment. I acknowledge it is my responsibility to contact my Health Sciences Licensure Board to determine criteria based on criminal activity included in my Consumer Report.

I understand that this “Informed Consent” form serves as:

1. A clear and conspicuous disclosure by HCC that a Consumer Report, which includes a Level 2 background check, will be completed on me and will be obtained for admissions purposes into any HCC Health Sciences program and that a consumer reporting agency will provide the report to HCC; and
2. An authorization from me for HCC to procure the Consumer Report, and an agreement that I will pay for the Consumer Report.

I understand that information from the Consumer Report for admission purposes into any HCC Health Sciences program will not be used in violation of any applicable federal or state laws or regulations.

I understand that HCC certifies that before taking adverse action in whole or part based on the Consumer Report for admission purposes into any HCC Health Sciences program, it will provide me a:

1. Copy of the Consumer Report; and
2. Copy of my rights, in the format approved by the Federal Trade Commission, which notice shall be supplied to HCC by the consumer reporting agency.

I understand that as an applicant/student, I will be responsible for notifying the HCC Health Sciences Admissions Office at the Dale Mabry Campus within five (5) working days of any arrests and convictions, regardless of adjudication that occur after the application deadline but before the first day of classes. The Chair of the Admissions and Appeals committee will communicate to me whether or not I will remain eligible to enter the program and will notify the program manager if I am no longer eligible to enter the program.

I understand that if I am accepted and/or enrolled into any Health Sciences program at HCC and arrested, on or after the first day of class, of any crimes, I must notify my program manager within five (5) working days of the arrest or conviction or any criminal charges pending against me that occur while I am in the program.

I understand that my failure to notify the appropriate individuals shall be grounds for denial of admission to or permanent dismissal from an HCC Health Sciences program. Further, HCC may require a Consumer Report to be generated on me at any time when I am enrolled in any HCC Health Sciences program, which will be at no cost to me.

I understand that some clinical affiliates/partners/hospitals/agencies may require that the HCC Health Sciences program share the results of the background check, and I agree that HCC may share my results.

Student Signature: ____________________________________________ Date: __________________________
Printed Student Name: __________________________________________ Student ID #: ______________________

HCC reserves the right to make changes in the admission criteria and program information, as circumstances require. Original signature copy will be retained in the student’s file.

Revised November 2012