



Montgomery County  
EMS Training Institute



Montgomery County  
Community College

**PARAMEDIC ANATOMY AND PHYSIOLOGY  
BIO 130**

**April 4, 2016 to May 11, 2016  
Monday, Wednesday and Saturdays**

**Class Time: 7:00 PM to 10:00PM Mon & Wed  
8:00 AM to 4:00 PM on Saturday**

**Course Cost: \$450.00 Payable to MCCC (credit cards accepted)**

**Course Location: Public Safety Training Campus  
EMS Training Institute  
1175 Conshohocken Road  
Conshohocken, PA 19428**

**Course Registration No: 16/01 LLEMS 6019-01**

**Registration Deadline: March 14, 2016**

**How to Register: Send completed application and MCCC registration  
with payment to:**

**Public Safety Training Campus  
EMS Training Institute  
1175 Conshohocken Rd  
Conshohocken, PA 19428**

**\*Must be a current EMT with at least 1 year 911 experience\***

**\*This is a prerequisite for the Paramedic Program\***

**\*Internet Access required\***



Montgomery County  
Community College

**MONTGOMERY COUNTY  
EMS TRAINING INSTITUTE**  
In affiliation with  
**MONTGOMERY COUNTY  
COMMUNITY COLLEGE**  
COURSE APPLICATION

Please Print

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE No (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CERTIFICATION LEVEL AND NUMBER (If Applicable) \_\_\_\_\_

DATE OF BIRTH # \_\_\_\_\_

MCCC Registration No.: \_\_\_\_\_ COURSE DATE: \_\_\_\_\_

**COURSE SELECTION: (Please check appropriate course)**

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Medical Responder | <input type="checkbox"/> EMT Refresher/ Transition |
| <input type="checkbox"/> EMT                         | <input type="checkbox"/> Paramedic Refresher       |
| <input type="checkbox"/> Paramedic                   | <input type="checkbox"/> PHTLS                     |
| <input type="checkbox"/> C.P.R. Instructor           |  |
| <input type="checkbox"/> EMT Instructor              |  |
| <input type="checkbox"/> Other _____                 |  |

Course Name

**AFFILIATION**

Primary Affiliate \_\_\_\_\_ Station \_\_\_\_\_ Length of Service: \_\_\_\_\_

- |  |   |                                      |
|--|---|--------------------------------------|
| Affiliate Type: <input type="checkbox"/> Ambulance | <input type="checkbox"/> Q.R.S.           | <input type="checkbox"/> Fire/Rescue |
| <input type="checkbox"/> Allied Health             | <input type="checkbox"/> Police           | <input type="checkbox"/> Government  |
| <input type="checkbox"/> Industry                  | <input type="checkbox"/> Private Business | <input type="checkbox"/> Other       |

**QUALIFICATION INFORMATION**

The information below must be completed to establish certification qualifications prior to the admission into the certification process.

Do you have any physical limitation, which preclude you from performing the skills established by the course curriculum? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Have you ever been convicted of a crime other than a summary or similar offense? Yes or No

A conviction includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere. Accelerative Rehabilitative Disposition (ARD) is not considered a conviction. Include all offenses committed as a juvenile in which you were an adjudicated delinquent.

Specify charge(s), date(s) and place(s): \_\_\_\_\_

**AFFILIATE RECOMMENDATION** (Complete only if being sponsored by a squad):

I certify that \_\_\_\_\_ is representing \_\_\_\_\_  
As the organization supervisor, I endorse the applicant's attendance in the \_\_\_\_\_ training program and verify that they will be covered by the squad's liability and workman's compensation insurance policy.

Officer Name \_\_\_\_\_ Title: \_\_\_\_\_  
Organization \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIRMATION** (Please read carefully)

I certify that the facts contained in this application and registration form are true and complete to the best of my knowledge, and I understand that if accepted, falsified statements on the application may be grounds for dismissal. I authorize investigation of all statements contained herein. I understand and agree that, if accepted, my enrollment may be terminated according to established course requirements. I also understand that this application does not secure me a position in the class, that I must be accepted into the class.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the application and MCCC registration and mail along with your payment to:**

**Public Safety Training Campus  
EMS Training Institute  
1175 Conshohocken Road  
Conshohocken, PA 19428**

**Send your completed application and registration along with the following items:**

- **Copy of your health insurance card**
- **Copy of your photo ID**
- **PA Criminal Record Check – which can be obtained on line at <https://epatch.state.pa.us>**

MCCC is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age, applicable disability, or sexual orientation in its educational programs, activities, admissions, or employment practices as required by Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other applicable statutes. Inquiries concerning Title IX and or 504 compliance should be referred to the Director of Equity and Diversity Initiatives, 340 DeKalb Pike, Blue Bell, PA 19422, (215) 619-7413 V/TTY. Central Campus students seeking information regarding services for students with disabilities should contact the Director of Services for Students with Disabilities at 340 DeKalb Pike, Blue Bell, PA 19422, (215) 641-6575 V, (215) 619-7415 TTY. West Campus students should contact the Coordinator of Disability Services at 101 College Drive, Pottstown, PA 19464, (610) 718-1853 V/TTY.

MONTGOMERY COUNTY COMMUNITY COLLEGE

ENROLLMENT SERVICES

ATTN: EMS TRAINING

340 DEKALB PIKE

BLUE BELL, PA 19422

PLEASE PRINT

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Did your employer encourage you to take this course?  Yes  No

Is your employer paying for this course?  Yes  No

Male  
 Female

**Ethnicity**

African American (AA)  
 Asian/Pacific Islander (AP)  
 American Indian (NA)

Hispanic (HI)  
 White (WH)  
 Other/Non-Reported (OT)

How did you hear about us?

Brochure  Website  Newspaper  TV  Friend  Other \_\_\_\_\_

**COURSE INFORMATION**

Course Title \_\_\_\_\_ Start Date \_\_\_\_\_

Course Location  Blue Bell Campus  Other MCPSTC End Date \_\_\_\_\_

Course Number \_\_\_\_\_ Amount Payment \$ \_\_\_\_\_

**Payment By:**

Personal Check  
 Personal Credit Card  
 Money Order  
 Discover Card

Company Check  
 Company Credit Card  
 Employee/Employee Dependent  
 Other \_\_\_\_\_

No Cash Accepted.

By completion of this form, I accept responsibility for payment of this course

Master Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

VISA # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Discover # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_



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# Paramedic Course

**June 13, 2016 to May 31, 2017**

**Prerequisites:**

Completion of Paramedic Anatomy and Physiology/Bio 130 within one year

**Class Time:** Monday and Wednesday 7:00pm – 10:00pm  
Frequent Saturdays 8:00am – 4:00pm

**Class Location:** Public Safety Training Campus  
1175 Conshohocken Road  
Conshohocken, PA 19428

**Course Cost:** \$150.00 non-refundable application fee  
\$5300.00 Paramedic course fee

\* Please make all payments payable to MCCC \*

**Registration Deadline:** May 16, 2016

**Course Registration No:** 16/02 LLEMS 6002-01

**How to register:** Send completed application and MCCC registration to:  
EMS Training Institute  
1175 Conshohocken Road  
Conshohocken, PA 19428