



Mutual Aid Ambulance Service Training Institute
Advanced Emergency Medical Technician Training Program

PLEASE READ THIS ENTIRE APPLICATION CAREULLY

Thank you for your interest in the 2024 Mutual Aid Ambulance Service Training Institute Advanced Emergency Medical Technician (AEMT) Training Program. Due to the competitive nature of the admission process, any omitted information will cause your application to be disqualified. Please complete the application in full and include the following information:

High School/GED Diploma or College/University Diploma

Official transcripts from all attended educational institutions

Current Pennsylvania EMT-B Certification

Personal Statement

Resume/CV

2 Professional Letters of Reference

1 Letter of Reference from Current EMS Employer

ALL APPLICANTS MUST BE 18 YEARS OF AGE BY THE FIRST DAY OF CLASS

****Applications must be submitted no later than November 24, 2023****

There are 15 available seats in the program. Acceptance into the program is based upon your application, personal statement, past academic performance, professional background/experience, letters of recommendation, and professional interview. Candidates will be invited for interviews between December 1-15, 2023, with letters of acceptance being sent no later than December 15, 2023. Accepted candidates will be notified by the Program Director. The course will run from January 10, 2024, through May 22, 2024. The course will be conducted in a hybrid format with live classes on Wednesdays from 0800-1600 hours, and asynchronous course work to be completed throughout the week.

Completed application packets should be submitted electronically, via email, to Admissions@mutual-aid.com.

Applications submitted by other means will not be accepted.

Inquiries regarding the program should be directed to Program Director Brian Kosczuk, at bkosczuk@mutual-aid.com.

Section I: Personal Information

Last Name		First Name		Middle Initial
Street Address		City, State, Zip		County
Phone Number				
Email Address				
Age			Date of Birth	
PA EMT-B Certification #	Exp. Date	NREMT Certification # (if applicable)	Exp. Date	
Total Years as EMT-B:			Total Years in EMS:	

**** Please submit a copy of your EMT and NREMT (if applicable) certification card, with this application.**

Section II: Education (GED, High School, Undergraduate, Post-graduate, Other)

Name of Institution	Address	# Years Completed	Year of Graduation

Section III: Official Transcripts

Please submit official transcripts along with copies of all diplomas, for all educational institutions attended, from high school and beyond. Official transcripts may be sent by the educational institution to:

Program Director Brian K. Kosczuk

Admissions@mutual-aid.com

Section IV: Employment History

Employer	Address	Phone Number	Supervisor	Dates

Section V: Public Safety Affiliations

Agency Type	Name	Role	Professional Certifications
Fire Department			
Hospital System			
Other			

Section VI: Professional References (non-relative)

Name	Phone Number	Relationship

Section VII: Letters of Reference

Please submit two professional letters of reference and one letter of reference from your current EMS employer. Letters of reference may be submitted via email, to:

Program Director Brian J. Kosczuk

Admissions@mutual-aid.com

Section VIII: Personal Statement

In 1,000 words or less, please describe your perspective of emergency medicine, and the core professional and character attributes of a paramedicine professional. In addition, please describe your experience in EMS thus far as well as your current and future professional goals. Please type and attached to this application.

Section IX: Resume/CV

Please submit a copy of your most recent resume/CV with this application.

Section X: Application Certification

The Mutual Aid Ambulance Service Training Institute’s equal opportunity goal is to provide equal opportunity through the recruitment and promotion of individuals at all levels within the structure without regard to race, color, sex, age, disability, veteran status, religions, national origin, or sexual orientation. The Institute has officially adopted and reaffirms its non-discrimination/equal opportunity policy as follows:

No citizen of the United States, or any other person within the jurisdiction thereof, shall on the grounds of race, color, sex, age, disability, veteran status, religion, national origin, or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment or under any educational program or activity of the Training Consortium. No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements may result in withdrawal of my application or dismissal from the Program. I authorize the Mutual Aid Ambulance Service Training Institute to investigate any of the facts set forth in this application.

Signature

Date

Section XI: Application Checklist and Submission

Prior to submitting this application, please be sure all items are accounted for:

- Completed Application
- Copy of current PA EMT certification card
- Copy of current NREMT certification card (if applicable)
- High School/GED or College/University Diplomas
- Official Transcripts from all attended education institutions
 - May be submitted directly from the educational institution (preferred), or attached within this application.
- Two professional letters of reference
 - May be submitted directly from the sender (preferred) or attached within this application.
- One letter of reference from your current EMS employer
 - May be submitted directly from the sender (preferred) or attached within this application.
- Copy of personal statement
- Copy of current resume/CV

Completed application packets should be submitted electronically, via email, at Admissions@mutual-aid.com. All documents should be in PDF format. Other file formats, including photographs, will not be accepted.

Questions pertaining to the application should be directed to Program Director Brian Kosczuk, via email, at BKosczuk@mutual-aid.com.

****ALL APPLICATIONS MATERIALS MUST BE SUBMITTED NO LATER THAN November 24, 2023. ****