



## Mutual Aid-UPMC- Excelsa Health Paramedic Training Program

### PLEASE READ THIS ENTIRE APPLICATION CAREULLY

Thank you for your interest in the 2024-2025 Mutual Aid- Excelsa Health Paramedic 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/AEMT Certification**

**Personal Statement**

**Resume/CV**

**3 Professional Letters of Reference**

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

**\*\*Applications must be submitted no later than June 1<sup>st</sup>, 2024\*\***

There are 10 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 June 1-23, 2024, with letters of acceptance being sent no later than July 1, 2024. Accepted candidates will be notified by the Program Director. The course will run from August 20, 2024, through June 20, 2025. The course will be conducted on Tuesdays from 08:00am- 12:00pm, and Thursdays from 08:00am- 04:00pm.

Completed application packets should be submitted electronically, via email, to [Admissions@mutual-aid.com](mailto:Admissions@mutual-aid.com).

**Applications submitted by other means will not be accepted.**

Inquiries regarding the program should be directed to Program Director Jonathon Jenkins, at [JJenkins@mutual-aid.com](mailto:JJenkins@mutual-aid.com).

**Section I: Personal Information**

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

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

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

<b>Name of Institution</b>	<b>Address</b>	<b># Years Completed</b>	<b>Year of Graduation</b>

**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 Jonathon W. Jenkins

[Admissions@mutual-aid.com](mailto:Admissions@mutual-aid.com)

**Section IV: Employment History**

<b>Employer</b>	<b>Address</b>	<b>Phone Number</b>	<b>Supervisor</b>	<b>Dates</b>

**Section V: Public Safety Affiliations**

<b>Agency Type</b>	<b>Name</b>	<b>Role</b>	<b>Professional Certifications</b>
<b>Fire Department</b>			
<b>Hospital System</b>			
<b>Other</b>			

**Section VI: Professional References (non-relative)**

<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>

**Section VII: Letters of Reference**

Please submit three professional letters of reference. Letters of reference may be submitted via email, to:

Program Director Jonathon W. Jenkins

[Admissions@mutual-aid.com](mailto: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 attach 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- Excela Health Paramedic Training Program’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- Excela Health Paramedic Training Program to investigate any of the facts set forth in this application.

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Signature

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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/AEMT 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.
- Three professional letters of reference
  - 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](mailto: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 Jonathon Jenkins, via email, at [JJenkins@mutual-aid.com](mailto:JJenkins@mutual-aid.com).

**\*\*ALL APPLICATIONS MATERIALS MUST BE SUBMITTED NO LATER THAN JUNE 1, 2024.\*\***