



**Pennsylvania Institute
Of Applied Health Sciences**

Application for Admission

Instructions

Please type or print in ink. Attach additional pages if more space is needed. Return completed application to the Pennsylvania Institute of Applied Health Sciences at the address above with a \$25 application fee. Include transcripts or certifications you have completed at the highest level of education including Fire/Rescue/Hazmat, etc. Three personal references are required. You may print out three copies of the Program Applicant Reference page and provide these pages to your references with a stamped, addressed envelope to Admissions Committee, PIAHS, PO Box 423, Waynesboro, PA 17268.

Personal Information

TODAY'S DATE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY/TOWN/POST OFFICE	STATE/ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	ALT. TELEPHONE NUMBER
EMERGENCY CONTACT PERSON	RELATIONSHIP	CONTACT NUMBER
ARE YOU A CITIZEN OF THE UNITED STATES?	IF NOT, WHAT IS YOUR NATIONALITY?	

Education

CIRCLE HIGHEST LEVEL COMPLETED	GED	H. S. DIPLOMA	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2
HIGH SCHOOL ATTENDED	CITY/STATE	DATES ATTENDED (FROM-TO)		

JR. COLLEGE, COLLEGE OR NEXT ATTENDED SCHOOL	CITY/STATE	DATES ATTENDED (FROM-TO)	DEGREE
GRADUATE SCHOOL OR NEXT ATTENDED SCHOOL	CITY/STATE	DATES ATTENDED (FROM-TO)	DEGREE
BASIC EMT COURSE ATTENDED	CITY/STATE	YEAR COMPLETED	
ADVANCED EMT TRAINING COURSE ATTENDED	CITY/STATE	YEAR COMPLETED	
CURRENT EMT CERTIFICATION LEVEL	STATE NUMBER (IDENTIFY STATE)	NATIONAL NUMBER (IF APPLICABLE)	

EMT Experience

ORGANIZATION	CITY/STATE	DATES (FROM-TO)	AVG. # OF CASES PER WEEK
ORGANIZATION	CITY/STATE	DATES (FROM-TO)	AVG. # OF CASES PER WEEK
ORGANIZATION	CITY/STATE	DATES (FROM-TO)	AVG. # OF CASES PER WEEK

Military Experience

RATE AND RANK	BRANCH
DATES (FROM-TO)	SPECIALTY

Employment History

DATES (FROM-TO)	EMPLOYER	POSITION	SUPERVISOR	TELEPHONE NUMBER
DATES (FROM-TO)	EMPLOYER	POSITION	SUPERVISOR	TELEPHONE NUMBER
DATES (FROM-TO)	EMPLOYER	POSITION	SUPERVISOR	TELEPHONE NUMBER

References

THREE FORMS ARE ATTACHED FOR DISTRIBUTION TO YOUR DESIGNATED REFERENCES. ALL FORMS ARE TO BE RETURNED TO THE PENNSYLVANIA INSTITUTE OF APPLIED HEALTH SCIENCES DIRECTLY BY THE REFERENCES. DO NOT USE RELATIVES. INCLUDE AT LEAST ONE REFERENCE INVOLVED IN EMS.

NAME/POSITION

ADDRESS

TELEPHONE NUMBER

NAME/POSITION

ADDRESS

TELEPHONE NUMBER

NAME/POSITION

ADDRESS

TELEPHONE NUMBER

The United States Office of Civil Rights respects that schools report enrollment by selected minority groups. This is to determine compliance with the Civil Rights Act of 1964.

Native American

Black American

White American

Foreign National
(without permanent visa)

Asian American

Hispanic American

Do not wish to respond

First Native Language _____

6.) Why did you select The Pennsylvania Institute of Applied Health Sciences' Paramedic program?

7.) Describe a situation in which you demonstrated an ability to assume responsibility and make a difficult decision. The situation may be taken from family, business, community, or military life. It should relate to your interest in becoming a Paramedic.



**Pennsylvania Institute
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Paramedic Program Applicant Reference

Name of Applicant _____

The person above has applied for entrance into the Paramedic Program at the Pennsylvania Institute of Applied Health Sciences and has listed you as a reference. The Program Admission's Committee cannot overemphasize the importance of your assistance in the screening process. The information you provide will be held in strict confidence. Thank you in advance for your prompt reply. Please return to the Pennsylvania Institute of Applied Health Sciences at the address above.

Circle one choice per line		Excellent		Average		Poor
Quality of Work	N/A	5	4	3	2	1
Productivity	N/A	5	4	3	2	1
Cooperation	N/A	5	4	3	2	1
Dependability	N/A	5	4	3	2	1
Attitude	N/A	5	4	3	2	1
Ability to Follow Instructions	N/A	5	4	3	2	1
Academic Ability	N/A	5	4	3	2	1

Nature of your relationship to the applicant: _____

How long have you known the applicant? _____

Please use the remaining space to elaborate on the qualities that would make this applicant a successful student and Paramedic. If you were designated to select an applicant for this program, would this be a candidate you would choose and why? Attach additional pages if more space is needed.

Name

Title

Signature

Date