Paramedic Program | Fall 2026
INFORMATION

Thank you for choosing to apply to the Paramedic Program at Glendale Community College! The contents of this application packet will provide you with all the information you need to submit a complete application. We kindly ask that you take the time to read this thoroughly as it was carefully prepared to assist you in submitting a complete application. You may contact us via email at gccems@glendale.edu if you have any questions after reading this application thoroughly.

NOTE: This application is for the Paramedic Program only. All requirements should be completed prior to applying to the program. Tentative acceptance may be granted for items in progress. Qualified applicants will be placed on the existing Glendale Community College Paramedic Studies waiting list and will be notified when an opening becomes available.

***Upon acceptance into the program, the candidate will attend a mandatory orientation at GCC. The time and date will be included in the acceptance package.

Application Requirements

To be eligible to apply, students must meet the following educational requirements:

- Possess a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)
- Completion of high school (or equivalent)
- Possess a current basic cardiac life support (CPR) card for BLS Provider, Healthcare Provider or Professional Rescuer which meet the current American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.
- Be certified as one of the following:
    - California Emergency Medical Technician (EMT)
    - California Advanced EMT
- Have current CPR and EMT certifications at time of entry into a paramedic training program and remain current throughout all phases of training.
- Transcripts (HS and/or College) -see below-

Program Requirements

To remain in the program, students must maintain a grade of 80% or better in all courses. Before starting clinical rotations, students must pass a criminal background check. Upon successful completion of the required courses, students are granted a certificate documenting completion of the Paramedic Program. Students are then eligible for licensure by taking and passing both the National Registry Exam and County Paramedic accreditation exam.

Options While Awaiting Acceptance

If you are not accepted for Fall 2026, meet with your academic counselor and work on completing your general education (GE) degree requirements for the Associate's Degree. Obtaining an Associate Degree is highly recommended for transferring to a university and more career options and mobility.

All communication, including letters and other notifications, will be made via email from gccems@glendale.edu. Please add gccems@glendale.edu to your contactst or safe senders list in your email to prevent future emails going to your spam/junk folder. Regularly check your email or spam/junk folder so you don't miss any notifications. t is your responsibility to regularly check your email. Please notify the department of any changes in personal information.

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CHECKLIST (Page 1 of 3)

All communication, including letters and other notifications, will be made via email from gccems@glendale.edu. It is your responsibility to regularly check your email. Please notify the department of any changes in personal information.

Incomplete applications with missing documents will not be processed. Any supporting documents received after the deadline will result in your application being delayed to the next application process. The department will not accept any documents that are not listed on the checklist. Personal statements, letters of recommendation, verification of employment and/or volunteer hours cannot be accepted and will be discarded.

All attachments listed below should be sent together in ONE EMAIL to gccems@glendale.edu.
Use Subject line: ***LastNameFirstName_F2026_ApplicationPacket***

❒ **SOCIAL SECURITY CARD (SSN) or INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) and PHOTO ID**

File name format: ***LastNameFirstName_F2026_SSID***

Possession of an SSN or ITIN is required by the Emergency Medical Services Authority (EMSA) for licensure. Send a copy of your SSN/ITIN card and a government-issued photo ID together on the same page via email to gccems@glendale.edu. See sample image of this requirement.

Acceptable forms to verify SSN/ITIN (Only one needed from below)

- SSN/ITIN card
- W-2 form
- most recent tax return

Acceptable forms to verify govt.-issued Photo ID (Only one needed from below)

- Driver's License
- State ID
- Passport

❒ **GCC STUDENT ID NUMBER**

Apply for admission to Glendale Community College at https://www.glendale.edu/apply if you do not have a GCC ID number yet. A Glendale College Student ID number and a GCC student email address are mandatory for admission.

❒ **APPLICATION**

Submit your application via email to gccems@glendale.edu.
This document should be saved using *file name format:* ***LastNameFirstName_F2026_EMSapplication***

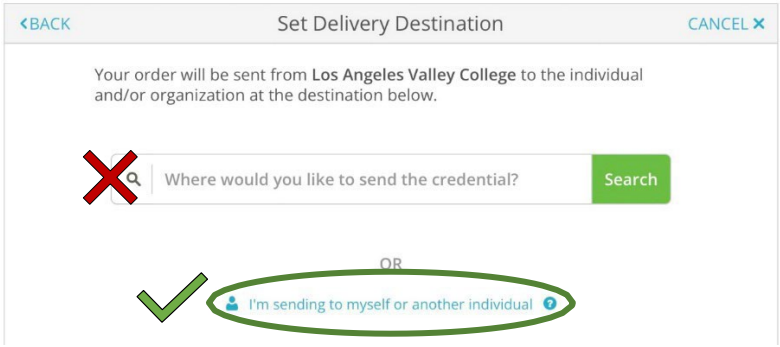
--- CHECKLIST ITEMS CONTINUED ON THE NEXT PAGE ---

❒ OFFICIAL COLLEGE TRANSCRIPTS

Submit official transcripts showing completion of Human Anatomy and Human Physiology with a "C" or better.

How to send official transcripts: Do not send transcripts to Admissions & Records. This could result in your application being delayed to the next application period. Use one of the following options to submit your transcripts to the EMS Department.

- **Electronic Transcripts (preferred method):**
  When requesting electronic transcripts, use gccems@glendale.edu as the Intended Recipient. Request these to be sent prior to submitting your application.



  If you are unable to enter a specific email address as the Intended Recipient, follow the instructions for paper transcripts;

- **Paper transcripts:**
  Request official transcripts to be sent to your home. Do not open them so that they remain official. Submit all official paper transcripts together in one envelope by mail (FedEx, UPS, USPS, etc.) to **Glendale Community College**

  ATTN: EMS Department Health Sciences
  1500 N. Verdugo Rd
  Glendale, CA 91208

The department will receive my official transcripts from the following institutions:

Institution / District	Method of Delivery
1.	■ Electronic ❒ Paper
2.	❒ Electronic ❒ Paper
3.	❒ Electronic ❒ Paper

--- CHECKLIST ITEMS CONTINUED ON THE NEXT PAGE ---

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❒ FIELD EXPERIENCE VERIFICATION

Students must have a minimum of 1000 hours of EMT field experience with a preference for primary "911" response as an EMT or 1200-1500 hours as an Inter-facility Transport EMT. Have a minimum of six (6) months full-time or one (1) year part-time EMT experience. Submit a letter from your employer or experience documentation. Letter(s) from employer(s) must be submitted with your online program application, on letterhead, and addressed to the Glendale Community College Paramedic Program Director. The letter must include the candidate's name, date of hire, length of employment, and job title with a description of duties, and wet signature from your manager. This letter must also include the total number of hours worked. GCC may also contact your employer for hours verification.

File name format: ***LastNameFirstName_F2026_Verification***

❒ COURSE SYLLABUS

Did you complete Human Anatomy and/or Human Physiology at a private college OR outside of California?

- ❒ **YES – This applies to you. See instructions below**
- ❒ **NO – This does not apply to you**

Request a course syllabus for each prerequisite course taken at a private college or outside of California. Contact the department of the college where you took the prerequisite to obtain the syllabus. Course descriptions will not be accepted. Failure to submit the course syllabus may result in your application being delayed to the next application period. Attach any syllabi using *file name format:* ***LastNameFirstName_F2026_Course Name/Number***

❒ PROOF OF COMPLETION OF HIGH SCHOOL (OR EQUIVALENT)

Do any of your transcripts show that you received a college degree? (AA/AS, BA/BS, MA/MS)

- ❒ **YES – This does not apply to you**
- ❒ **NO – This applies to you. See instructions below**

If you do not have a college degree, or it will be posted on your transcript after the application deadline, provide proof of completion of high school (or equivalent) using the following methods:

a. A copy of your high school (or equivalent) diploma sent via email to gccems@glendale.edu.
b. One official high school (or equivalent) transcript

❒ CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214)

Are you a veteran of the US Armed Forces?

- ❒ **YES – This applies to you. See instructions below**
- ❒ **NO – This does not apply to you**

Include a copy of your DD-214 as proof of honorable discharge via email to gccems@glendale.edu. *Use file name format:* ***LastNameFirstName_F2026_DD214***

I have read the 2-page checklist and have included all the required documents with my Paramedic application packet. I understand that falsification, omission, or incorrect information will result in disqualification.

Printed Name _____ Signature _____ Date _____

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PERSONAL INFORMATION

Glendale Community College ID Number **If you do not have a GCC ID#, visit www.glendale.edu/apply**		**Preferred Email Address** **PRINT LEGIBLY - This is how the department will be contacting you**	
Last Name (As shown on govt. ID)	**First Name** (As shown on govt. ID)	**Middle Name** (if applicable)	
Previous Names			
Date of Birth (MM/DD/YYYY)	**Primary Phone Number**		
Street Address	**City**	**State**	**Zip**

DEMOGRAPHIC INFORMATION (For statistical purposes only as required by the state of California)

1.	❒ Asian (not Filipino)	❒ Filipino	❒ White Non-Hispanic
2.	❒ American Indian/Alaskan Native	❒ Hispanic	❒ Other Non-White
3.	❒ Black/African American	❒ Pacific Islander	❒ Unknown/Non-Respondent
Language(s) Spoken in the Home	**Ethnicity**		

NREMT CREDENTIALS

Enter your information below as it appears on www.nremt.org/verify-credentials.

Name	**Level**	**Registry Number**	**Expiration Date**

CA EMT CREDENTIALS

Enter your information below as it appears on https://emsverification.emsa.ca.gov/Verification/

Name	**Level**	**E-Number**	**Expiration Date**

SCIENCE COURSES (IF APPLICAPLE)

Enter your course history in the table below. If any of the courses below were completed at a private university or outside of California, request a course syllabus for each course this applies to. Contact the department of the college where you took the prerequisite to obtain the syllabus. Course descriptions will not be accepted. Failure to submit the course syllabus may result in your application being delayed to the next application period.

	Semester & Year Completed	Institution	Course Name & Number	Semester Units	Grade
Human Anatomy (BIO 120: 5 units) or equivalent					
Human Physiology (BIO 121: 4 units) or equivalent					

GLENDALE COMMUNITY COLLEGE
KUMUD PARIKH HEALTH SCIENCES

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GLENDALE COMMUNITY COLLEGE PARAMEDIC TRAINING PROGRAM

My signature below indicates that I have thoroughly read and completely understand all instructions that accompany this entire application. All the information I have provided is true and correct. I understand that failure to complete these required steps, such as inability to comply with deadlines or inability to provide requested documents could result in my application being delayed to the next application period. I understand that omission or falsification of any documents will result in my application being discarded and not considered for eligibility or selection into the Paramedic Program.

I understand that Glendale Community College (GCC) is regulated by the National Registry of Emergency Medical Technicians (The Registry) and the Registry may deny a license regulated by the Business and Professional Code, Section 480, on such grounds as: conviction of a crime, acts of dishonesty, fraud or deceit.

I understand that after being selected into the program, I must complete a background screening by means of fingerprinting. If I have concerns, I will disclose these issues to the EMS Director as this may impact my eligibility for clinical practice and/or eligibility to begin the program. If I meet with the director, I will provide supporting documentation showing that the misdemeanor/felony has been expunged, dismissed, or adjudicated. If I fail to disclose any background convictions to the EMS Director before the results of my fingerprinting, I will be immediately dismissed from the program and ineligible to return.

I also understand that I must complete a drug screening in order to comply with requirements of the clinical affiliates of the Paramedic program. If I have concerns about the results of my drug screening, I will make an appointment to disclose this to the EMS Program Director as this may impact my eligibility for clinical practice and/or eligibility to begin the program. I understand that the drug screening is completed once upon entry to the program, and the Paramedic department and/or clinical affiliates can request additional screening at any time during the program if there is cause for concern. If I fail to disclose anything that could yield a positive drug test result to the EMS Program Director before the results of my drug screening, I will be immediately dismissed from the program and ineligible to return.

I understand that I am required to meet all health requirements (including, but not limited to a physical examination, laboratory tests, drug screening, background checks, and immunizations) and other contractual requirements established by affiliated agencies for participation in the program. I understand that the EMS Program Director may require a student to be examined by a school selected licensed physician for the purpose of determining physical and mental fitness. I understand that I must be free of communicable diseases, infections, psychological disorders, physical limitations or any condition which would interfere with successful performance of any required responsibilities. Any condition which is developed by the student after admission to the program may warrant further clearance and dismissal from the program. I understand that my clearance results may be made available on a confidential basis to the facilities where I will be completing my clinical rotations.

I understand that my transcripts will be officially evaluated by GCC's Admissions and Records Department. If any of my courses is determined not to be equivalent to GCC's courses, I will retake these courses to meet the entrance requirements if I wish to be considered for future semesters.

I certify that I have read the entire contents of this 3-page application and my signature below is my certification of the accuracy and completeness of the information I have provided. Further, I understand that admission to, or enrollment in the Paramedic Program at Glendale Community College may be denied if any information I have provided on this application is found to be incomplete, false or inaccurate.

_____
Signature

_____
Print Name Date