



LAGUARDIA
Continuing Education
PEOPLE, CHANGING

LaGuardia
Community College / C U N Y

Paramedic Program



Paramedic Class XV

September 7th, 2010 – August 18th, 2011
Mondays, Tuesdays, Wednesdays, Thursdays
6:00 PM – 10 PM
And Alternating Saturdays 9:30 AM – 4:30 PM

“IT’S TIME TO BE THE MEDIC, NOT JUST CALL FOR MEDICS!”
LaGuardia Sets the Standard for Today’s EMS Education!

Prerequisites for all students:

- NYS EMT-Basic certification with a minimum of 6 months of prehospital patient care experience
- Must pass all components of our Paramedic Candidate Entrance Exam
- Must successfully complete our interview process

Degree students:

- Must have completed Human Biology I & II (SCB203/SCB204)
- CUNY full-time tuition rates apply
- Access to student financial aid services

Certificate students:

- Tuition is \$ 6,800 (books, uniforms, and misc fees included)
- Access to AMS payment plan (down payment plus 10 monthly installments)
- Several extensive scholarship opportunities available



Return application to:

LaGuardia Community College Paramedic Program
 Attn: Paramedic Student Selection Committee
 31-10 Thomson Avenue, C-339
 Long Island City, NY 11101



Upon receipt of the Entrance Exam Application Form below, you will be sent a Candidate Packet which will include a letter confirming your chosen Paramedic Day date and time. Paramedic Days are specifically designed sessions that will include an orientation/Q&A session, tour of EMS facilities, entrance exams, and the candidate interview. Be sure to bring all completed documents with you for your scheduled Paramedic Day.

For further information, please call **(718) 482-5768** or email paramedicprogram@lagcc.cuny.edu

My Paramedic Day:

- Sat., May 22 at 9:00 AM Tues., May 25 at 10:00 AM Thurs., June 3 at 10:00 AM Weds., June 9 at 6:00 PM

-----✂----- please send or fax portion below the line to (718) 609-2028 -----

My Paramedic Day will be:

Last Name	First Name	Middle Initial
Street Address	Apartment #	
City	State	Zip Code
Home Phone #	Cell Phone #	Date of Birth
Email Address	SS#.	M <input type="checkbox"/> / F <input type="checkbox"/>

May 22

May 25

June 3

June 9