Supplemental Application Packet for International Students
The Center for Emergency Medicine (CEM) has prepared this packet of information to assist foreign nationals with the application process for the various programs offered by CEM. In order to ensure that the process goes smoothly, it is extremely important that you read the materials in this packet very carefully and that you follow the instructions. This will avoid delays in the processing of your application.

If you have any questions or concerns, please contact the Center for Emergency Medicine:

Center for Emergency Medicine
Office of Education
230 McKee Place, Suite 500
Pittsburgh, PA 15213
Phone: 412.647.5300
Fax: 412.647.4670
http://www.centerem.org

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APPLICATION PROCESS OVERVIEW & CHECKLIST

STEP #1

You must submit all of the following documentation to the Center for Emergency Medicine (CEM):

- The CEM application form (not included in this packet), along with the Supplemental Application Form for International Students that is included in this packet.
- Original academic records for all secondary and post-secondary education that you have undertaken or completed. In cases where official academic records are issued in a language other than English, you must obtain certified translations.
- Applicants whose native language is not English must submit the results of the Test of English as Foreign Language (TOEFL). **Students must obtain a 213 computer based or a 550 written test score.** Information about registering to take the TOEFL may be obtained at [http://www.ets.org](http://www.ets.org). Click on TOEFL under Tests.
- Submit a $250 processing fee for all I-20’s (MONEY ORDER ONLY).

STEP #2

- CEM will review your application materials to determine your eligibility for admission.
- Once a decision is made to offer you admission to a CEM program, CEM staff will determine if there is acceptable proof of financial support for your program of study and, if so, will prepare the appropriate visa document (i.e., Form I-20). CEM will send the document to you in order to enable you to apply for an M-1 entry visa at a U.S. Embassy or Consulate.

STEP #3

- Upon arrival in Pittsburgh, you must check in with CEM so that photocopies of your documents may be made and information collected regarding your visit.

PLEASE SUBMIT ALL DOCUMENTATION AND FORMS TO:
The Center for Emergency Medicine
Office of Education
230 McKee Place, Suite 500, Pittsburgh, PA 15213
Telephone: 412.647.5300 / Facsimile: 412.647.4670
[http://www.centerem.org](http://www.centerem.org)
SUPPLEMENTAL APPLICATION FORM FOR INTERNATIONALS

BIOGRAPHICAL INFORMATION

Salutation: □ Dr. □ Mr. □ Mrs. □ Ms.  Gender: □ Male □ Female
Marital Status: □ Single □ Married

Family Name___________________  Given Name______________________________  Middle Name__________________

SSN (if applicable)_____________  Date of Birth (mm/dd/yyyy)    /    /   
City of Birth___________________  Country of Birth__________________________
Country of Citizenship________________
Country of Residence_________________

Address in Home Country (Number and Street)
_____________________________________________________________________________________
City_______________________  State/Province_________________________
Country_____________________  Postal Code_________________________
Phone______________________  E-Mail______________________________

Address in the United States: (Number and Street)
_____________________________________________________________________________________
City_______________________  State________________________  Postal Code_________________________
Phone______________________  E-Mail______________________________

IMMIGRATION INFORMATION

If the international is currently in the United States, please complete the following:

Current Visa Classification______________  (If J-1, also indicate category)________________________
Current Sponsor/School____________________________
Date of Initial Entry into United States (mm/dd/yyyy)    /    /   
I-94 Number ______________________________
I-94Expiration Date: (mm/dd/yyyy)    /    /   (If D/S, check here) □
Passport Number___________________  Passport Expiration Date (mm/dd/yyyy)    /    /   
Visa Number________________________  Visa Control Number________________________
Visa Expiration Date (mm/dd/yyyy)    /    /   
Place of Visa Issuance (city & country) _________________________________

(Note: You must attach supporting documentation verifying current visa classification, including a copy of your current Form I-20 if in F-1 status or your current Form DS-2019 if in J-1 status.)
FAMILY INFORMATION

(Attach additional sheet if you will bring more than three accompanying family members)

Number of Accompanying Family Members______________

For each family member, please provide the following information:

#1 - Salutation: □ Dr. □ Mr. □ Mrs. □ Ms.  Gender: □ Male □ Female  Relationship___________________________
Family Name__________________________Given Name__________________________Middle Name_____________________
Date of Birth (mm/dd/yyyy): _____ / _____ / _____
City & Country of Birth__________________________________________________________
Country of Citizenship____________________________________________Country of Residence________________________________________

#2 - Salutation: □ Dr. □ Mr. □ Mrs. □ Ms.  Gender: □ Male □ Female  Relationship___________________________
Family Name__________________________Given Name__________________________Middle Name_____________________
Date of Birth (mm/dd/yyyy): _____ / _____ / _____
City & Country of Birth__________________________________________________________
Country of Citizenship____________________________________________Country of Residence________________________________________

#3 - Salutation: □ Dr. □ Mr. □ Mrs. □ Ms.  Gender: □ Male □ Female  Relationship___________________________
Family Name__________________________Given Name__________________________Middle Name_____________________
Date of Birth (mm/dd/yyyy): _____ / _____ / _____
City & Country of Birth__________________________________________________________
Country of Citizenship____________________________________________Country of Residence________________________________________

FINANCIAL SUPPORT INFORMATION

Personal Funds $ ____________
Family Funds $ ____________
U.S. Government $ ____________ Specify________________________________
Foreign Government $ ____________ Specify________________________________
International Agency $ ____________ Specify________________________________
Other $ ____________ Specify________________________________

TOTAL $ ____________

REQUIRED SIGNATURE

“I certify that all information provided on this form is true and accurate to the best of my knowledge.”
Student’s Signature_________________________________ Date__________________________
INSTRUCTIONS

Please review the following information before completing and signing the form.

1. Review the cost estimates below.
2. Complete the certification indicating the amount of support that will be provided from each source.
3. All proof of financial support must be submitted in the English language.
4. All proof of financial support must be stated in U.S. dollars and clearly state the date that the documentation was written or printed.
5. All proof of financial support must be an original document.
6. All financial resources must be in liquid assets. Stocks, bonds, or other investments with cash value may be accepted if evidenced by a portfolio on the managing firm’s letterhead. Please note that retirement accounts cannot be used as a source of financial support unless the sponsor can provide evidence that he/she is, in fact, retired and able to access those funds without penalty for early withdrawal. Real estate or other non-liquid asset such as automobiles, jewelry, or other personal property cannot be used as a source of financial support under any circumstances.
7. Please be aware that evidence of financial support must also be shown to the U.S. Embassy or Consulate when applying for a visa. Therefore, you will need to have two sets of financial support documents—one to submit to the Center for Emergency Medicine and one for the U.S. Embassy or Consulate.
8. More than one sponsor may be used. This form may be copied for use by more than one sponsor.

<table>
<thead>
<tr>
<th>Cost Estimate for the Paramedic Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
</tr>
<tr>
<td>Living Expenses</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Cost Estimate for Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Each Child</td>
</tr>
</tbody>
</table>

Please note that these are the minimum tuition and living expenses that you must be able to demonstrate in order for CEM to issue you a Form I-20.
CERTIFICATION OF FINANCIAL RESPONSIBILITY FORM

Sponsor’s Name _____________________________________________________________

Family Name                                Given Name                                        Middle Name

Sponsor’s Address (Number and Street) __________________________________________

City_________________ State_________________

Country____________________ Postal Code____________________

Phone____________________ Email______________________________

Relationship of Sponsor to Student__________________________________________

STATEMENT OF FINANCIAL RESPONSIBILITY

I hereby certify that I will provide financial support for to engage in a program of study at the Center for Emergency Medicine in Pittsburgh, Pennsylvania, USA, and (if applicable) the following number of accompanying family members_________. I will provide funds from the following sources:

$___________ provided each year from annual income/salary.

(NOTE: You must attach evidence documenting your annual income salary.)

$___________ provided from bank account.

(NOTE: You must attach an official bank statement.)

$___________ provided from other sources.

(NOTE: You must identify source(s) and attach documentation.)

$____________TOTAL available from all sources

Signature of Sponsor ____________________________ Date___________________