



230 McKee Place - Suite 500 - Pittsburgh, PA 15213  
412-647-5300 - [www.centerem.org](http://www.centerem.org) -

# Paramedic Education

## 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.
- The Certification of Financial Responsibility Form.
- 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>. 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>

## 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-94 Expiration 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 _____
<b>TOTAL</b>	\$ _____	

**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.

<b>Cost Estimate for the Paramedic Program</b>	
<b>Tuition</b>	\$13,300
<b>Living Expenses</b>	\$12,700
<b>TOTAL</b>	\$26,000

<b>Additional Cost Estimate for Dependents</b>	
<b>Spouse</b>	\$2,600
<b>Each Child</b>	\$1,800

*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 \_\_\_\_\_