



SPCC Emergency Medical Sciences
 South Piedmont Community College
 4209 Old Charlotte Highway
 Monroe, NC 28111



PLEASE PRINT OR TYPE

EMERGENCY MEDICAL SERVICES PROGRAM APPLICATION

Application for Acceptance Consideration(s)

✓ Please check one

- EMT-Basic
- Paramedic (Con Ed)
- EMS Bridging Program to Associate Degree
- EMS Associate Degree

DISCLAIMER: Completing this form does not guarantee entry into any EMS program. Specific program requirements must be met prior to acceptance.

PERSONAL INFORMATION

Social Security Number	Complete Name (Last) _____ (First) _____ (Middle) _____					
Present Mailing Address Street, Apt., or Box Number			City	State	Zip	County
Date of Birth Month,Day,Year	Home Phone	Work Phone	Emergency Contact Phone		E-Mail Address (required)	

EDUCATION

Highest Level of Formal Education: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Adult High School <input type="checkbox"/> College Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master Degree or Higher Date of Completion _____ Certificate/Degree _____					
North Carolina EMS Certification <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include copy of card) If Yes, Please List EMT Certification Level _____ Exp. Date _____			National Registry EMT <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include copy of card) If Yes, Please List Certification Level _____ Date _____		
<input type="checkbox"/> AHA Healthcare Provider <input type="checkbox"/> I do not have a CPR card		CPR Expiration Date (include copy of card) _____		Driver's License Number and State and expiration date (include copy of driver's license) _____	
Are You Currently Working in EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency or Department _____		Approximate Hours Worked Per Week _____	

CRIMINAL BACKGROUND AND DISABILITIES STATEMENT

<p>HAVE YOU EVER BEEN CONVICTED OF A CRIME ARE YOU CHARGED WITH OR ON PAROLE/PROBATION FOR ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN AND ATTACH ANY SUPPORTING DOCUMENTS</p>
<p>DO YOU HAVE ANY PHYSICAL OR LEARNING DISABILITIES IN WHICH YOU REQUIRE REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN AND ATTACH COPY OF THE DISABILITY DETERMINATION</p>

YOU WILL BE NOTIFIED CONCERNING ENTRANCE TESTING DATES AT SOUTH PIEDMONT COMMUNITY COLLEGE. REFER TO THE APPLICATION INFORMATION FOR SPECIFIC DETAILS REGARDING ENTRANCE REQUIREMENTS. **PLEASE REMEMBER THAT IT IS THE STUDENT'S RESPONSIBILITY TO ACCOMPLISH THE ADMISSION REQUIREMENTS.**

I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification or omission of material fact may be cause for rejection of my application or for termination after acceptance into the EMS program.

Applicant Signature **X** _____ Date of Application _____

For Office Use Only

<input type="checkbox"/> EMT _____	<input type="checkbox"/> NREMT _____	<input type="checkbox"/> HSD/GED _____	Placement _____: reading _____ writing _____ numeric _____
<input type="checkbox"/> CPR _____	<input type="checkbox"/> Drivers License _____	HOBET _____: reading comprehension _____ mathematics _____ study skills _____	