



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 EMR
 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)	
<input type="checkbox"/> ARC Professional Rescuer <input type="checkbox"/> ASHI Professional CPR		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

HAVE YOU EVER BEEN CONVICTED OF A CRIME ARE YOU CHARGED WITH OR ON PAROLE/PROBATION FOR ANY CRIME?
 YES NO IF YES, PLEASE EXPLAIN AND ATTACH ANY SUPPORTING DOCUMENTS

DO YOU HAVE ANY PHYSICAL OR LEARNING DISABILITIES IN WHICH YOU REQUIRE REASONABLE ACCOMMODATIONS?
 YES NO IF YES, PLEASE EXPLAIN AND ATTACH COPY OF THE DISABILITY DETERMINATION

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

EMT NREMT HSD/GED Placement : reading _____ writing _____ numeric _____
 CPR Drivers License HOBET : reading comprehension _____ mathematics _____ study skills _____