



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 the program you are applying to. Please also select county and day or night class you would prefer.

EMR
 EMT Basic
 Advanced EMT
 Paramedic (Con Ed)

Anson County
 Union County

Day
 Night

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
Date of Birth	Month,Day,Year	Home Phone	Work Phone	Emergency Contact Phone	E-Mail Address (required)	

EDUCATION

Highest Level of Formal Education: GED High School Adult High School College Certificate Associate Degree Bachelor's Degree Master Degree or Higher Date of Completion _____ Certificate/Degree _____

North Carolina EMS Certification Yes No (If yes, include copy of card) If Yes, Please List EMT Certification Level _____ Exp. Date _____ National Registry EMT Yes No (If yes, include copy of card) If Yes, Please List Certification Level _____ Date _____

AHA Healthcare Provider I do not have a CPR card
 ARC Professional Rescuer
 ASHI Professional CPR

CPR Expiration Date _____ Driver's License Number and State and expiration date (include copy of driver's license) _____

Are You Currently Working in EMS? Yes 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

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 _____