



Pearl River Community College

Application for EMT Basic Training

Personal History

Name _____ Social Security Number _____
Address _____ Phone Number _____
City _____ State _____ Zip Code _____
Date of Birth _____ Employer _____ Work Number _____
Emergency Contact _____ Phone Number _____
Relationship _____ Cell Phone Number _____

Educational Background

High School Attended _____
Year Graduated _____ GED _____ ACT Score _____ TABE Score _____
(Must provide copy of High School transcript or diploma or proof of GED) (Must provide proof of ACT score or TABE Score)
College Attended _____
Degree(s) Earned _____
CPR card expiration date _____
(Must provide a copy of both sides of your valid CPR card)

Describe why you want to be in this class

To be completed by PRCC personnel

Training Dates: _____ Instructor _____
Location _____