



# Pearl River Community College

## Application for EMT Basic Training

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**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Apt No.** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Apt No.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Are there any conflicts of interest or obligations that will cause you to miss class?**

**If so, please list them:**

\_\_\_\_\_

\_\_\_\_\_

**Upon acceptance into the EMT Basic Training Class do you plan to work?**

**If so, please give details of your weekly schedule:**

\_\_\_\_\_

\_\_\_\_\_

**If accepted into the class will your employer be willing to work with your class schedule?**

\_\_\_\_\_

**Have you ever attended another school/college as an EMT Basic Training Class student?**

**If so, please name the institution:**

\_\_\_\_\_

\_\_\_\_\_

**Are you currently enrolled in school?**

**If you are, please give details of your hours and schedule:**

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony?**

**If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**How did you find out about this program? Please indicate the name of your source.**

**Alumni** \_\_\_\_\_ **Current Student** \_\_\_\_\_ **Department** \_\_\_\_\_ **Advertisement** \_\_\_\_\_

**Website** \_\_\_\_\_ **Other** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***In Case of Emergency***

**Notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_





# Pearl River Community College

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- Copy of diploma, high school transcript or GED
- ACT Score or TABE Test Score (at least 10 on reading). To schedule an appointment to take the TABE Test please call (601) 554-551. There is no cost for the test.
- Valid BLS for Healthcare provider CPR card (Check with AAA Ambulance or large hospitals for their schedules for this class) Cards *MUST* be issued by the American Heart Association and *NOT* the Red Cross.
- Copy of valid driver's license
- Vaccination Records – Hepatitis B vaccination or declaration of refusal to be vaccinated & Tetanus

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- Completed General Physical Examination Form
- Notarized Healthcare Criminal History Background Affidavit
- Check, money orders, cash in the full amount of \$500.00. You may also pay by credit card. This fee covers the cost of the class, books, and shirt for clinical. (*Please make checks and money orders payable to Pearl River community College*)

I certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any misleading or incorrect statements may render this application void, and if enrolled, cause my immediate dismissal.

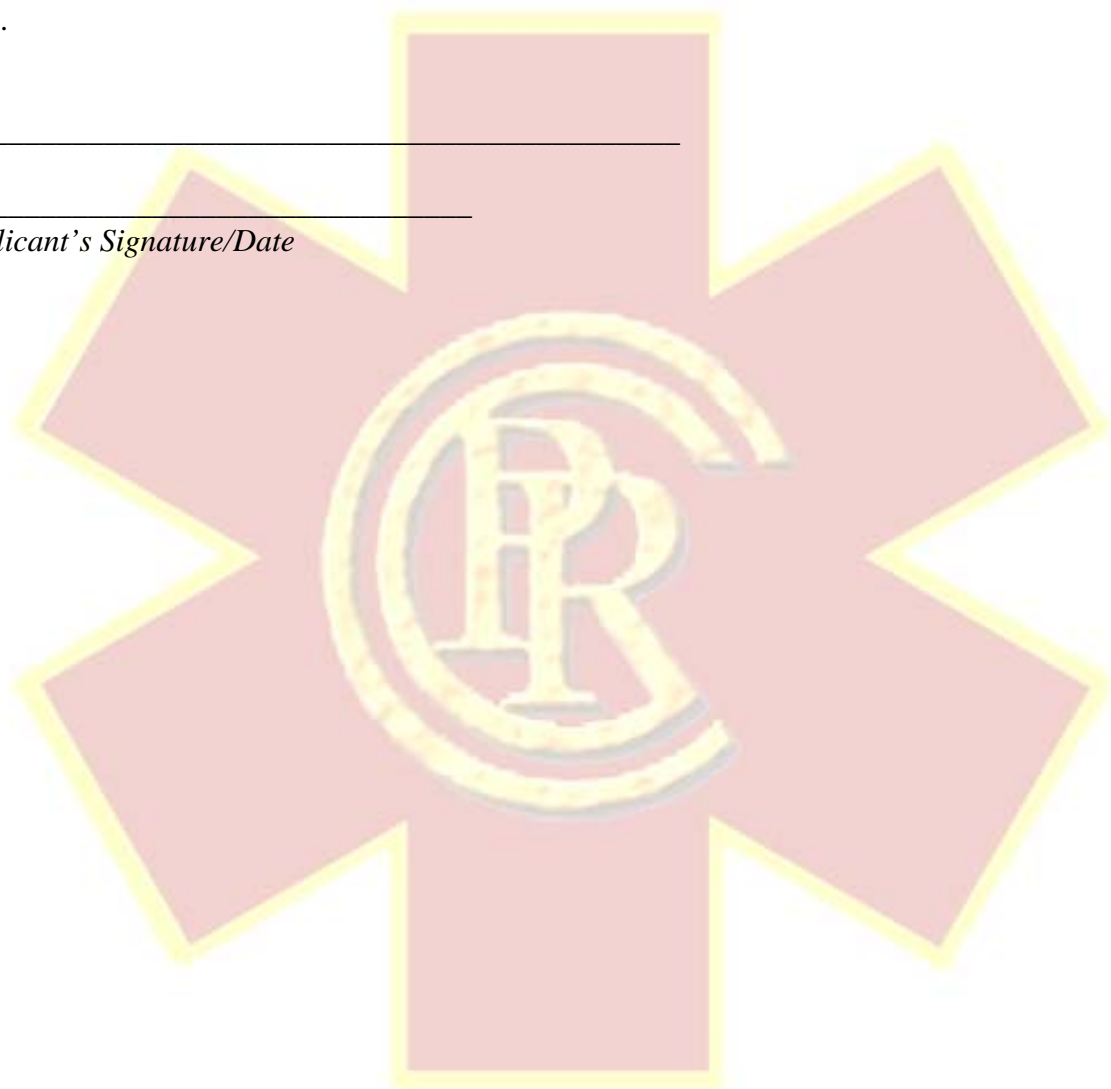
I agree to submit myself to a physical examination, by my physician, at my expense.

I authorize the school to release to perspective employers my information regarding my enrollment dates, character, qualifications, and information they may have, regarding me, whether or not it is in their records. I hereby release the school from all liability for any damage for issuing this information.

\_\_\_\_\_

\_\_\_\_\_

*Applicant's Signature/Date*



***Pearl River Community College offers equal education and employment opportunities. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. For inquires regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication please contact Tonia Moody, ADA/Civil Rights Coordinator, at P.O. Box 5118, Poplarville, MS 39470 or 601.403.1060.***