

Thank you for your inquiry about our EMT-Basic program. **Orientation for the Fall class will be on Tuesday July 30, 2019 at 5:00pm. Regular class will start on August 1st and will meet on Tuesday and Thursday nights from 6:00pm – 10:00pm and one Saturday a month from 9:00am – 2:00pm.** Graduation is scheduled for **December 17th.** Classes are held in Hattiesburg at the PRCC Advanced Technology Woodall Center located in the Hattiesburg Industrial Park.

Class space is limited to **20** and will be filled on a first come first serve basis. **The last day we can receive your application is Friday, July 19, 2019, however the class may close prior to that date if we have filled all 20 seats.** If you decide to participate in the next class you will need to return the application along with the following information:

- 1) Proof of a high school education - This can be a copy of your diploma, transcript or High School Equivalency certificate. If you attended PRCC please call admissions and ask them to email this information to me at [shunt@prcc.edu](mailto:shunt@prcc.edu) .
- 2) Proof that you made a 16 or better on the ACT test if taken after October 1989, a 12 if taken before October 1989 **OR** proof that you made a 10 on the reading TABE test. Your high school will have your ACT score if you took it in high school. You can call the AE center at the PRCC The Lowery Woodall Center to set up a time to take this test. There is not a charge for the test. The number to call about the TABE test is (601) 554-5551 or (601) 554-5552.
- 3) A copy of a valid BLS for Healthcare provider CPR card, if you have one. This must be through the American Heart Association and not the Red Cross. CPR will be covered at orientation for everyone even if you already have your card. If you don't have a card, or your card will expire before August of 2021. This is for the purposes of taking the National Registry exam. You can register for the CPR class at the time you register for the EMT class.
- 4) A copy of your valid Driver's License
- 5) Completed General Physical Examination Form
- 6) TB skin test results. (1 step)
- 7) Proof of your recent flu shot. You will need a flu shot in order to go to the hospital.
- 8) A check for \$880 (Please make your check payable to Pearl River Community College.)

You can return the enclosed application with the required information and your money to the following address:

PRCC-Woodall Advanced Technology Center  
Attention: Sonya Hunt  
906 Sullivan Drive  
Hattiesburg, MS 39402

It is best if you can bring it to the Woodall Center in person.

Please call the Woodall Center at (601) 554-4646 or email me at [shunt@prcc.edu](mailto:shunt@prcc.edu) if you have any further questions.

Application for  
**EMT-B**

Return Application to:  
 The Lower Woodall Center  
 Phone: 601-554-4646  
 Email: [shunt@prcc.edu](mailto:shunt@prcc.edu)

Today's Date: \_\_\_\_\_

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Personal Email Address: \_\_\_\_\_ Emergency Contact number: \_\_\_\_\_

**Demographic Information**

Sex: Male  Female  Would you describe yourself as Hispanic or Latino? Yes  No

Race: Asian  Black/African American  White  Hawaiian/Pacific Islander   
 American Indian/Alaskan Native

**Please indicate which of the following best describes your level of education:**

Less than high school  High School diploma  HSE/GED  Associate Degree   
 Some College  Graduate/Professional degree

**Please indicate your current employment status:** Employed  Unemployed  Retired

**If employed, which of the following best describes your employment situation:**

Full Time  Part Time  Seasonal

Are you a US Citizen Yes  No

Are you a Veteran? Yes  No

**Work /School**

Upon acceptance into the EMT –B program 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 attended another school/college as an EMT-B student?  
 \_\_\_\_\_

If so, please name the institution:

---

Are you currently in school?

---

If so, please give details of your schedule:

---

---

---

## About You

If the space provided below, briefly explain why you want to be admitted into the Pearl River Community College EMT-B program. Also, explain in what way the program can and will benefit you. You may add other information that you feel may be of importance.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Disclaimer/ Information Release

Applicant must be out of high school and 18 before the first day of class. Enrollment is reserved upon receipt of the completed application and full payment of \$880 tuition. No refunds after the first day of class.

*Pearl River Community College offers equal education and employment opportunities. The College does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, national origin, veteran status, or disability. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication please contact Tonia Moody Seal, Director of Admissions and Records, and ADA/Civil Rights Coordinator, at P.O. Box 5537, Poplarville, MS 39470 or 601-403-1060. For inquiries regarding Title IX, contact Maghan James, Assistant Vice President of Student Services and Title IX Coordinator, P.O. Box 5560, Poplarville, MS 39470 or 601-403-1253.*

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 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.

---

Print name

---

Applicant's signature

Date

## Application Checklist

- Copy of completed application
- Copy of diploma, high school/college transcript or GED
- Copy of ACT score with a minimum composite score of 16 if taken after October 1989, before that time a minimum composite score of 12 on the ACT OR the TABE test score with a minimum score of 10. To schedule an appointment to take the TABE test call the PRCC AE center at 601-554-5551 or 601 554-5552, or 601 554-5527. PRCC AE is located on the 2<sup>nd</sup> floor of The Lower Woodall Center 906 Sullivan Drive, Hattiesburg. There isn't a cost to take the test.
- Valid BLS Healthcare Provider CPR card, if you have one. Cards MUST be issued by the American Heart Association and NOT the Red Cross. If you are not currently CPR certified it will be taught on the night of orientation.
- Copy of valid driver's license
- Completed General Physical Examination Form
- TB Skin Test ( 1 step)
- Proof of recent flu shot
- Check, money order, cash or credit card payment of \$880. Please make checks and money orders payable to Pearl River Community College.

## Criminal Background Check

All students that are accepted into the program will have their fingerprints submitted to the Mississippi Department of Health to process a Criminal Background Check in accordance with section 43-11-13 of the Mississippi Code of 1972, as amended which covers Healthcare facilities.

### What you need to know about this:

Everything in your past will show up on this report. It can be traffic tickets, any arrests, noise violations, Uttering/bounced check, and forgery. We will not be able to keep any student that has been convicted of, pled guilty, nolo contendere, attempted to commit, or conspired to commit felony crimes of violence, sex offenses or involving the distribution or dispensing, manufacturing, and production of controlled substances regardless of final disposition of the proceeding will be permanently denied the right to stay in class and will not be eligible for a refund. Because the report will not show convictions, pleas or if the charges were dropped, you will need to provide information for each arrest instance that will show up on your background report. All documentation will go to the Safety and Ethics Committee for review.

---

Print name

---

Applicant's signature                      Date

## Fall EMT Class Schedule

This schedule is for information purposes only and is subject to change due to weather or other emergencies.

### **July**

30<sup>th</sup> Orientation and CPR review 5pm – 10pm

### **August**

1, 6, 8, 13, 15, 20, 22, 27, 29 - Time 6pm – 10pm

Saturday 8/24 - Time 9am – 2pm

### **September**

3, 5, 10, 12, 17, 19, 24, 26 - Time 6pm – 10pm

Saturday 9/07 & 9/21- Time 9am – 2pm

### **October**

1, 3, 8, 10, 15, 17, 22, 24, 29, 31- Time 6pm – 10pm

Saturday 10/19- Time 9am – 2pm

### **November**

5, 7, 12, 14, 19, 21 - Time 6pm – 10pm

Saturday 11/02 & 11/16- Time 9am – 2pm

### **December**

3, 5, 10, 12 - Time 6pm – 10pm

Saturday 12/07- Time 9am – 2pm

Saturday 12/14 - National Registry Skills Check-Off

Graduation 12/17

GENERAL PHYSICAL EXAMINATION

NAME - \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS - \_\_\_\_\_ CITY - \_\_\_\_\_ STATE - \_\_\_\_\_

HOME PHONE - \_\_\_\_\_ CELL PHONE - \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX  MALE  FEMALE

YES NO Any illness or injury in the last 5 years?

- Head / brain injuries, disorders or illnesses
- Seizures, epilepsy
- Medications \_\_\_\_\_
- Eye disorders or impaired vision (except corrective lenses)
- Ear disorders, loss of hearing or balance
- Heart disease or heart attack; other cardiovascular condition
- Medications \_\_\_\_\_
- Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
- High blood pressure
- Medications \_\_\_\_\_
- Muscular disease
- Shortness of breath
- Fainting/dizziness
- Sleep disorders, pauses in breathing while sleeping, daytime sleepiness, loud snoring
- Stroke or paralysis
- Missing or impaired hand, arm, foot, finger or toe
- Spinal injury or disease
- Chronic low back pain
- Regular, frequent alcohol use
- Narcotic or habit forming drug use
- Lung disease, emphysema, asthma, chronic bronchitis
- Kidney disease, dialysis
- Liver disease
- Digestive problems
- Diabetes or elevated blood sugar controlled by
- Diet
- Pills
- Insulin
- Nervous or psychiatric disorders, example: severe depression, anxiety etc.
- Medications \_\_\_\_\_
- Loss of, or altered consciousness

**IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE USE THE BACK OF THIS PAPER TO EXPLAIN.**

**Medications**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Blood Pressure - \_\_\_\_\_ Pulse - \_\_\_\_\_ Respirations - \_\_\_\_\_ Weight - \_\_\_\_\_

HEENT - \_\_\_\_\_ M/S - \_\_\_\_\_

Cardio - \_\_\_\_\_ GI / GU - \_\_\_\_\_

Respiratory - \_\_\_\_\_

IMP - \_\_\_\_\_

**PROVIDER SIGNATURE - \_\_\_\_\_ DATE - \_\_\_\_\_**



# PEARL RIVER COMMUNITY COLLEGE

## Tuition Assistance for this class is available through SMPDD and your local WIN Job Center!

### What you need to know about WIOA

#### What is WIOA?

- Workforce Investment Act (WIOA) is funding through the US Department of Labor that helps Americans gain employment. Part of this funding goes toward grants to assist Americans in paying for education and training programs. These grants are known as Individual Training Accounts (ITA).

#### Who can apply for WIOA funding?

- Any student in an Eligible WIOA program can apply for WIOA funding.

#### How do I apply?

- You must apply at your nearest WIN Job Center during the application period.
- Applications for a short term class are accepted anytime.
- What do you need to bring with you to pick up an application:
  - You will need your official acceptance letter or a letter from your instructor stating you are enrolled in the program (Must be on PRCC letterhead). **For the EMT course you will need to ask for this letter when you turn in your application packet.**
  - Two forms of state issued ID. (Driver's License, Social Security Card, Birth Certificate)
- When you pick up an application you will be given a paper application, a list of documentation you must provide, and a date to return your application. The application may include:
  - A paper application with general information (name, address, work history, etc.)
  - Proof of household income (tax information and/or last check stub)
  - Proof you applied for a Pell Grant (Student Aid Report (SAR) or Confirmation page from FAFSA website)
  - Proof of Zero Balance with PRCC (Can be printed from Riverguide)
  - Unofficial Transcript (Can be printed from Riverguide)
  - Upcoming semester Schedule
  - Financial Aid Form (Must be completed by the Financial Aid Office)
  - Counselor Form (**Must be completed by an instructor or program secretary**)



## **What determines who is selected to receive WIOA?**

- There are two categories of applicants, Dislocated Worker and Adult.
- A Dislocated Worker is someone who has lost their job due to no fault of their own.
- If you cannot be categorized as a Dislocated Worker, you are categorized as an Adult.
- Dislocated Workers and Adults who are Veterans get priority of service.
- Adults are then ranked based on financial need, barriers to employment, and potential.
- Depending on funding availability, each WIN Center is given a specific amount of WIOA funds. Then they select the highest ranked applicant and work their way down the list until they run out of funds or applicants (whichever comes first).

## **If I am selected, how much WIOA funding will I receive?**

- The amount you are awarded depends on the cost of your program, how many semesters you have remaining, and any additional financial aid you may be receiving.
- The max award any applicant can receive is \$6000.

## **What expenses do WIOA funds cover?**

- Tuition
- Books
- Program Fees
- Exit Exams (Board / Licensure Exams)

## **If I do not get selected can I apply again?**

- Yes, you may apply as many times as you would like.

## **Who can I contact with questions about WIOA?**

- Sonya Hunt, WIOA/Dislocated Worker Coordinator for PRCC
- (601)403-1120
- shunt@prcc.edu

