Thank you for your inquiry about our EMT-Basic program. **Orientation for the spring class will be on Tuesday January 9, 2018 at 5:00pm.** **Regular class** will start on January 11th 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 **May 29th.** 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, January 5, 2018, 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 lbell@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 ABE center at the PRCC Hattiesburg campus 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. 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 2020, the cost of the CPR class is $15. 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 $645 (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: Lee Bell  
906 Sullivan Drive  
Hattiesburg, MS 39402  
It is best if you can bring it to the Woodall Center in person.  
Please call me at (601) 554-4647 or email me at lbell@prcc.edu if you have any further questions.
Application for  
EMT-B 

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.
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 $645 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 GED center at 601-554-5551 or 601 554-5552, or 601 554-5527. There isn’t a cost to take the test.
- Valid BLS Healthcare Provider CPR card. Cards MUST be issued by the American Heart Association and NOT the Red Cross. We will go through CPR on the night of orientation. If you don’t have a valid card you may pay an additional $15 to receive a card. If you already have a card there isn’t a cost.
- 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 $645. Please make checks and money orders payable to Pearl River Community College.
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.

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**Print name**

**Applicant’s signature**

**Date**
Spring EMT Class Schedule

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

January
9st, Orientation and CPR review
11, 16, 18, 23, 25, 30, Time 6pm – 10pm
Saturday- No Saturday class in January

February
1, 6, 8, 13, 15, 20, 22, 27, Time 6pm – 10pm
Saturday 2/10 & 2/24- Time 9am – 2pm

March
1, 6, 8, 13, 15, 20, 22, 27, 29, Time 6pm – 10pm
Saturday 3/24- Time 9am – 2pm

April
3, 5, 10, 12, 17, 19, 24, 26-, Time 6pm – 10pm
Saturday 4/7- Time 9am – 2pm

May
1, 3, 8, 10, 15, 17, 22, 24, Time 6pm – 10pm
Saturday 5/5- Time 9am – 2pm
Graduation 5/29
GENERAL PHYSICAL EXAMINATION

NAME - ____________________________________________ D.O.B. ________________

ADDRESS - _________________________________________ CITY - _________________ STATE - ____

HOME PHONE - ________________________ CELL PHONE - ______________________

SOCIAL SECURITY NUMBER _______ - _______ - _______ SEX □MALE □FEMALE

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 of 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

Blood Pressure - ________ Pulse - ________ Respirations - ________ Weight - ________

HEENT - __________________________________________ M/S - ______________________

Cardio - __________________________________________ GI / GU - __________________

Respiratory - ________________________________________

IMP - ______________________________________________

PROVIDER SIGNATURE - __________________________________ DATE - ______________

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

Medications

- [ ] __________________________
- [ ] __________________________
- [ ] __________________________
- [ ] __________________________
- [ ] __________________________

Allergies

- [ ] __________________________
- [ ] __________________________
- [ ] __________________________
- [ ] __________________________