Jackson State
COMMUNITY COLLEGE
SCHOOL OF HEALTHCARE PROFESSIONS

EMT Program Application

Select Program: Basic EMT ☐ Advanced EMT ☐ Application Date: _____

Name: _____ J#: _____

City & State of Residence: _____ Phone Number: _____

Email That is Checked Often: _____

1. Have You Applied, and been admitted to, Jackson State Community College? Select One
2. Are You Currently Enrolled as a Student at Jackson State Community College? Select One
3. **Basic EMT Applicants ONLY:**
   a. **Are You Currently, or Have You Ever Been, a Licensed EMR in Tennessee?** Select One
   b. **Have You Attended, or Completed, EMT Training Anywhere?** Select One
   c. **Would You Prefer Day Classes, or Night Classes?** Select One
4. **Advanced EMT Applicants ONLY:**
   a. Are You Currently Licensed as an EMT in Tennessee? Select One
   b. Date & Location Where You Completed EMT Class: _____

Students accepted into any EMT program are required undergo a criminal background investigation and perform a urine drug screening the student's expense. A positive result may prevent the student from clinical placement and program completion. Students are also required to provide proof of their immunization history and/or obtain the proper immunizations at their own expense.

Attendance is required at a class/program orientation in order to obtain information and documents to help ensure student success within the program. This orientation may occur during the first day of class; students will be notified of orientation date(s) and times(s.) Students who do not attend this mandatory orientation will NOT be permitted to attend classes.

I have read and understand the above. By signing below, I understand that providing false or misleading information can disqualify me from being accepted into any EMT program:

Student Signature: _____

Return Completed Application To: Jen Jakubowski, Enrollment Coordinator for the School of Healthcare Professions

- **Email:** jjakubowski@jscc.edu OR **By Mail:** Jackson State Community College
  Attn: Jen Jakubowski
  2046 North Parkway
  Jackson, TN 38301
- **In-Person:** Nursing Building, Rm. 243

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