

EMT Program Application

Application Date: _____

Name: _____

J#: _____

Address: _____

Phone: _____

City, State, Zip: _____

Email that is checked regularly: _____

- | | | |
|-----------------------------------------------------------------------------|-----|-------|
| Have you applied and been admitted to Jackson State Community College? | Yes | No |
| Are you currently enrolled as a student at Jackson State Community College? | Yes | No |
| Have you completed JSCC Great Expectations Orientation? | Yes | No |
| Do you have ANY holds on your Jackson State student account? | Yes | No |
| Are you currently, or have you ever, been licensed as an EMR in Tennessee? | Yes | No |
| Have you ever attended or completed EMT training anywhere? | Yes | No |
| When is your class preference? | Day | Night |

Students accepted into the program will be required to have a criminal background investigation and a urine drug screening performed at the student's expense. A positive result may prevent the student from clinical placement and completing the program. Students will also be required to provide proof of their immunization history and obtain the proper immunizations at their own expense, if any are needed.

Students accepted into the program will be required to attend a mandatory class/program orientation prior to the first day of class in order to obtain information and documents to help ensure their success in the program. Students will be notified of orientation date(s) and time(s) at the time of class registration. If the student does not attend orientation they will NOT be able to attend class.

I have read and understand the above information. I understand that any information provided on this application that is false or misleading can disqualify me from being eligible for the EMT Program:

Student Signature

Return completed application to: koxford@jscc.edu or Kenneth Oxford, EMS Program Director
Jackson State Community College
2046 North Parkway
Jackson, TN 38301

For office use only:
