SOUTH TEXAS COLLEGE
EMERGENCY MEDICAL TECHNOLOGY PROGRAM

PROGRAM ADMISSION APPLICATION
BASIC LEVEL

To qualify for admission the applicant must complete the following minimum criteria.

Be admitted to South Texas College
18 years of age
Valid Texas Driver’s License & Social Security Card
Minimum GPA 2.5 from a 4.0 scale
Meet clinical REQUIREMENTS: please see Clinical Affairs Specialist I Room 106
Failure to answer all questions completely and accurately may delay or disqualify your application.

**COURSE LEVEL:** EMT-BASIC

Semester applying for: Fall______ Spring______ Summer______

STC Student ID#: A__________ SSN: ___________________ DOB: ___________________

Local Mailing Address: _______________________________________________________

CITY: ___________________________ STATE: _____ ZIP __________

HOME PHONE: _____________________ CELL PHONE: ____________________________

E-MAIL: __________________________

Permanent mailing address: ___________________________________________________

CITY: ___________________________ STATE: _____ ZIP __________

PERMANENT PHONE NUMBER _________________________________

Any Pertinent Health Conditions that may affect your ability to perform in the EMT program including Clinical and Practicum Classes. _______Yes or _______No

If Yes to the above question please make a brief Description of Health Condition.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Who to contact in Case of an Emergency?

Name __________________________ Relationship __________________________

Address___________________________________ City, St. __________________________

Cell or Other Phone Number ________________________________________________
**CRIMINAL HISTORY**
Have you ever been convicted of a felony or misdemeanor?  Yes___ No___

Have you ever been required to leave high school, college, or other school or ever denied re-admission because of deficiencies in conduct. Yes___ No ___

If you answered YES to any of the above two questions please provide additional information.

If you have a criminal record and would like to be evaluated for eligibility, contact the Bureau of Emergency Management at (512) 834-6740 for more information.

**EDUCATIONAL BACKGROUND**
Please list each High School, College, University, or Technical School you have attended and any degrees or certificates you may have received prior to enrolling at South Texas College.

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<thead>
<tr>
<th>Name of School</th>
<th>Date of Attendance</th>
<th>Diploma, Degree or Credit Hrs</th>
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**REFERENCES**
Please list 2 persons who may be contacted to provide a reference.

1.  
   Name ___________________________  
   Address _________________________  
   Telephone # ______________________ |

2.  
   Name ___________________________  
   Address _________________________  
   Telephone # ______________________ |