SOUTH TEXAS COLLEGE
EMERGENCY MEDICAL TECHNOLOGY PROGRAM

PROGRAM ADMISSION APPLICATION
BASIC/INTERMEDIATE 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
_______ NREMT Basic or EMT Basic DSNS Complete
_______ Minimum GPA 2.5 from a 4.0 Scale
_______ Meet Clinical Requirements: Please see Clinical Affairs Specialist I Room 106
SOUTH TEXAS COLLEGE
EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Failure to answer all questions completely and accurately may delay or disqualify your application.

COURSE LEVEL: EMT-INTERMEDIATE/NR AEMT

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 you 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.

Name of School    Date of Attendance    Diploma, Degree or Credit Hrs
________________________________________________________________________
________________________________________________________________________

REFERENCES
Please list 2 persons who may be contacted to provide a reference.

1. __________________________
   Name ______________________
   Address ____________________
   Telephone # ________________

2. __________________________
   Name ______________________
   Address ____________________
   Telephone # ________________