SOUTH TEXAS COLLEGE
EMERGENCY MEDICAL TECHNOLOGY PROGRAM

PROGRAM ADMISSION APPLICATION
PARAMEDIC LEVEL

TO QUALIFY FOR ADMISSION THE APPLICANT MUST COMPLETE THE FOLLOWING MINIMUM CRITERIA.

_____ Be admitted to South Texas College
_____ 18 YEARS OF AGE
_____ Completion of READ 0200 or Equivalent
_____ Completion of ENGL 0200 or Equivalent
_____ Completion of MATH 0200 or Equivalent
_____ Valid Texas Driver’s License & Social Security Card
_____ NREMT AEMT or Intermediate DSHS Complete
_____ Completion of BIOL 2401 and BIOL 2402
_____ 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-PARAMEDIC

Semester applying for: Fall_______ Spring_______ Summer_______

STC Student ID#: ______________ 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.

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 #