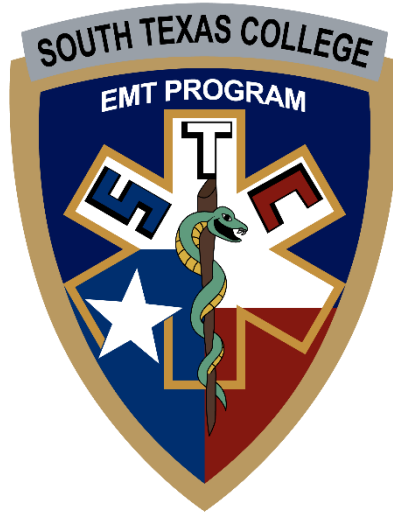


SOUTH TEXAS COLLEGE EMERGENCY MEDICAL TECHNOLOGY PROGRAM



PROGRAM ADMISSION APPLICATION LEVEL _____

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

_____ A# _____

_____ *Apply Texas complete (admitted to South Texas College)*

_____ *18 years of age*

_____ *Valid Texas driver's license*

_____ *Minimum GPA 2.5 from a 4.0 scale*

_____ *Meet clinical requirements (Complio compliant) see specialist in room 124 at Nursing Allied Health East*

Paramedic Level Students require the following checks

_____ *Degreeworks Check if compliant: STC EMT Basic and STC AEMT Certificates, BIOL 2401 and BIOL 2402*

_____ *NREMT EMT Basic*

For Office Use Only NAME _____ DATE _____

Name of Applicant _____ Date _____

**SOUTH TEXAS COLLEGE
EMERGENCY MEDICAL TECHNOLOGY PROGRAM**

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

Course Level: _____

STC A#:		DOB:	
Mailing Address			
City:		State:	
ZIP Code:			
Home phone:		Cell phone:	
E-Mail:			
Permanent mailing address:			
City:		State:	
ZIP Code:			

Any Pertinent Health Conditions that may affect your ability to perform in the EMT program including Clinical and Practicum Classes. Yes 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 & State:	
Contact 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 readmission because of deficiencies in conduct. Yes No

For Office Use Only NAME _____ DATE _____

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

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If you have a criminal record and would like to be evaluated for eligibility, contact the Department of State Health Service - Office of EMS and Trauma Systems Coordination (512) 834-6740 for more information.

The Petition for EMS Criminal History Pre-Screening form and the Texas Fingerprint Service Code form are available at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm.

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	Completion Date	Diploma, Degree or Credit Hours
1.			
2.			

REFERENCES

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

	Name	Address	Telephone #
1.			
2.			

The National Registry complies with the Americans with Disabilities Act (ADA) in regards to requests for examination accommodations consistent with its mission and public protection.

Candidates requesting examination accommodations should share this information with individuals responsible for rendering a diagnosis of the specific disability so that appropriate documentation can be assembled to support the request for accommodations. <https://www.nremt.org/rwd/public/document/policy-accommodations>