



Emergency Medical Services Program

Enrollment Documents

The following documents are required to be completed as part of the E.M.S. application process. Please return completed documents to an E.M.S. faculty member or to the Administrative Associate in Shockley Hall Room 307.

1. Program Enrollment Application
2. Criminal Background Statement
3. Affiliation Verification Form
4. Request for College Credit for EMS Experience (if applicable)

Please refer to the Program Packet and Admission Packet located on the E.M.S. webpage for detailed information about the program and admission process.



Certificate Program

Associate Program

EMERGENCY MEDICAL SERVICES PROGRAM ENROLLMENT APPLICATION

Date of Application

Student ID# (if current student)

First Name MI Last Name

Date of Birth

Legal Physical Address

City, State, Zip

Mailing Address

City, State, Zip

Daytime Telephone Number

This is a cell

I can accept text messages

Email Address:

I completed EMS 101 & EMS 151 at Wor-Wic Initial Cert. Date: _

I have a current E.M.T. Card Card #: _
(Copy of current E.M.T. card required.)

I acknowledge that if I am accepted into the Emergency Medical Services (E.M.S.) Program, I will receive an E.M.S. acceptance letter. Furthermore, I understand that I must return that letter stating my agreement to begin the E.M.S. program during the upcoming Fall academic semester. If I do not return the acceptance letter, I understand that my application will be considered withdrawn, and I will be required to re-apply for consideration of future admittance into the program.

Applicant's Signature

.....
How did you hear about Wor-Wic E.M.S. Program?

___ Flyer ___ College Website
___ Mailing ___ Other: _____



EMERGENCY MEDICAL SERVICES

CRIMINAL BACKGROUND STATEMENT

I, _____, understand that a felony
Name (please print)

conviction may prohibit state and national certification, admission into the emergency medical services program at Wor-Wic Community College, and employment in the emergency medical services field.

Please read and check for agreement:

I attest that I have never been convicted of a felony charge.

I attest that I have never been convicted of, or pled guilty to, pled nolo contendere to, or received probation before judgment with respect to any crime other than a minor traffic violation, the record of which has not been expunged.

If I have falsified any information on this form and am accepted into and graduate from the emergency medical services program at Wor-Wic Community College, I am aware that I may not be able to obtain certification or employment in the field.

Signature

Date

**EMERGENCY MEDICAL SERVICES
AFFILIATION VERIFICATION FORM**

Current Certification (select one):

EMT

NREMT

CRT

Current Affiliation (select one):

I certify that I am currently affiliated with a state approved EMS agency.
If affiliated, candidate must complete the Affiliation Verification section below only.

I certify that I am **NOT** currently affiliated with a state approved EMS agency, and I understand affiliation must be obtained by August 15 (unless recently completed EMS101/151 at WWCC).
If candidate does not have a current affiliation, complete Instructor Recommendation Section only.

AFFILIATION VERIFICATION

AGENCY: _____

I have 0 – 3 years **EMT** experience.

I have over 3 years **EMT** experience.

I have responded to less than 100 **EMT** calls.

I have responded to over 100 **EMT** calls.

My signature verifies, to the best of my knowledge, that the above information regarding my **E.M.T. experience** is correct and does not include fire calls. Incorrect information may void my application.

Candidate Signature

Candidate Printed Name

AGENCY VERIFICATION (To be completed by the agency senior E.M.S. officer or related agency official)

I verify that the candidate named on this form is currently an active member/provider holding membership with this agency as of this date and all of the above information regarding **E.M.T. experience/calls (fire calls are not included)** is correct. I verify that the candidate named on this form has no quality concern issues or protocol errors that would prevent him/her from participating in E.M.S. training.

Signature of Senior E.M.S. Officer/Agency Official

Date

Printed Name & Title

Daytime phone number

INSTRUCTOR RECOMMENDATION (To be completed by the EMS 101/151 Instructor/program faculty)

I verify that the candidate named on this form has successfully completed EMS 101 and EMS 151 as of this date, and I approve of this individual's participation in E.M.S. training.

Signature of E.M.S. Instructor/Program Faculty

Date

Printed Name

Daytime phone number

Please return original form – faxed or scanned documents will not be accepted.



REQUEST FOR COLLEGE CREDIT
FOR EMERGENCY MEDICAL SERVICES EXPERIENCE

Name _____

College ID or Social Security Number _____

Address _____

Telephone# _____

REQUEST COLLEGE CREDIT FOR (Check your CURRENT certification level):

Table with 2 columns: Training and College Course and Credits. Rows include Emergency Medical Technician, Cardiac Rescue Technician – Intermediate, and Paramedic with associated course numbers and credit hours.

DOCUMENTATION NEEDED FOR CREDIT FOR:

E.M.T., EMT-I (C.R.T.), and/or EMT-P students must present a copy of their current national or state certificate(s) which may be from any U.S. state certifying agency. (Please attach)

CREDIT IS GRANTED ONCE:

The student successfully completes at least one three-credit college level course at Wor-Wic Community College.

Administrative Approval Signature _____

Date _____

SUBMIT FORM WITH DOCUMENTATION TO THE EMS OFFICE IN SH 307