

APPLICATION for ADMISSION to the Paramedic, Intermediate or AEMT PROGRAM

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Applying for: Paramedic EMT-Intermediate Advanced EMT

FULL LEGAL NAME: _____

HOME ADDRESS: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

E-mail Address _____

College Student ID# : _____ Are you over 18 years old? _____

CURRENT EMS CERTIFICATION LEVEL: _____

DATE CERTIFICATION EXPIRES: _____

CERTIFICATION NUMBER: _____

(Please attach a copy of card.)

TYPE OF CURRENT CPR CARD (provider and course): _____

_____ DATE CARD EXPIRES: _____

(Please attach a copy of card.)

HIGH SCHOOL NAME: _____

and ADDRESS: _____

DATE GRADUATED: _____ OR GED COMPLETED: _____

(Please attach a copy of your high school diploma or GED certificate and high school transcript.)

COLLEGE(S) ATTENDED, DATES ATTENDED, AND DEGREES RECEIVED:

1. _____

2. _____

(Please attach a copy of all college transcripts.)

OTHER EDUCATION, CERTIFICATIONS, or TRAINING and DATES RECEIVED:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(Attach an additional sheet if necessary.)

EMS AFFILIATION & EXPERIENCE: AGENCY, DATES, DUTIES PERFORMED

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(Attach an additional sheet if necessary.)

Have you ever been convicted of a felony involving a sexual crime OR have you ever been convicted of any other felony under the laws of Virginia or of the United States within the last five (5) years? _____ Yes _____ No

I understand that all information on this application is subject to verification and I consent to a criminal history background check.

I understand that falsification of any portion of this application may be reason for termination from the paramedic program. I certify the above stated information is accurate to the best of my knowledge.

Signature

Date