

# APPLICATION FOR SELECTION TO EMERGENCY MEDICAL TECHNOLOGY

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4800



Social Security No. \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail address \_\_\_\_\_

EMT is the entry-level and foundational course in the program. EMT may be taken as a pre-requisite to the Paramedic component of the program or as a stand-alone course. Students may choose either the afternoon or evening course, depending on availability.

Applications are considered until

the late registration deadline for respective semesters.

**Allied Health Programs  
Office of Admissions  
Nursing/Allied Health Center  
1750 Chadwick Dr.  
Jackson, MS 39204-3490**

Note: Preference for completion date procedure by May 1<sup>st</sup> for Fall admission

## INSTRUCTIONS

- Complete this form (PLEASE TYPE OR PRINT) and return to→
- Request the registrar of each high school or college you have attended to forward an original transcript from that institution to→
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## PERSONAL DATA

Name \_\_\_\_\_  
First Middle Maiden Last

Address \_\_\_\_\_  
Street No. / P.O. Box / Route City State Zip

## EDUCATIONAL DATA

- List all colleges and professional schools attended.

Name of School	City and State	Did you graduate?	Dates attended
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year

## INDIVIDUAL STUDENT DATA

The following information is needed for counseling regarding licensure requirements.

Do you have a history of alcohol or drug abuse  Yes  No

If yes, have you ever been rehabilitated? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, Explain \_\_\_\_\_

***Individuals who have been convicted, pleaded guilty or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed health care facility in Mississippi. Applicants convicted of a misdemeanor or felony offense may be denied licensure by the Mississippi State Board of Nursing.***

***I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed therein. I am aware that falsification of information is a basis for denying admission or for immediate termination of enrollment.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for the Utica and Vicksburg-Warren Campuses and Administrative Services, 34175 Hwy. 18, Utica, MS 39175: 601.885.7002.*