

APPLICATION FOR SELECTION TO THE PARAMEDIC PROGRAM

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 _____

To be eligible for admission to Paramedic, students must be registered and certified as an EMT, by the National Registry of Emergency Medical Technicians and the Mississippi Bureau of EMS, Respectively. Students must also complete all pre-requisite coursework and submit admission requirements.

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

INSTRUCTIONS

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

NOTE: Preference given for completed applications by May 1st for Fall admission.

PERSONAL DATA

Name _____
First Middle Maiden Last

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

EDUCATIONAL DATA

1. 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 _____