

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 _____

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→

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

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 |

2. I am applying for: **EMT Paramedic (Pathway I)** **EMT Basic (Pathway II)**

3. **For EMT Paramedic**, please select one: **Day Option** **Alternate Option (Night/Evening)**

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 _____