

**APPLICATION FOR SELECTION TO THE EMT COURSE**  
HINDS COMMUNITY COLLEGE  
1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4800



Social Security# or Student ID # \_\_\_\_\_

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.**

**INSTRUCTIONS**

- A. Complete this form (PLEASE TYPE OR PRINT) and return to→
- B. Submit all admission requirements 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.	Did you graduate?	Dates attended
Name of School City and State		
_____	<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 or with an ambulance service in Mississippi. Applicants convicted of a misdemeanor or felony offense may be denied registration by the National Registry of Emergency Medical Technicians and/or certification by the Mississippi Department of Health-Bureau of EMS.**

**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 \_\_\_\_\_