# EMT Application

# **Emergency Medical Technician (EMT) Application**

# Is this the right application for me?

If you answer "True" to ALL of the following questions, then this is the appropriate application for you.

1.	I <b>DO NOT</b> currently hold an Emergency Medical Technician (EMT) certification in the state of Texas or in any other state in the United States.
	□ True
	□ False
2.	I <b>DO NOT</b> currently have a pending Emergency Medical Technician (EMT) certification application with the Texas Department of State Health Services or any other state licensing agency.
	□ True □ False
3	I have <b>NOT successfully completed</b> an EMT course at this school or at any other school in the last 2
Ο.	years.
	□ True
	□ False
4	I am over 17 years' old.
٠.	□ True
	□ False
5.	I am a high school senior or have a high school diploma or equivalent <i>and</i> can provide the college a <i>valid</i> transcript as proof.
	□ True
	□ False
6.	I have completed the Apply Texas application and been accepted to Alvin Community College as a
٥.	student.
	□ True
_	□ False
7.	I have a clear background or meet the criteria outlined on Pages 9-10 of this packet.
	□ True
	□ False
8.	I do not abuse drugs or alcohol and will successfully pass the required drug screening.  □ True
	□ False
9.	I am confident that I am able to meet all of the functional and physical criteria outlined on Pages 5-8.
	□ True
	□ False
10	. I am able to provide valid documentation of all vaccinations listed on Page 12 of this packet.
	□ True
	□ False
11	. I have a valid Texas driver's license or valid Texas state identification card.
	□ True
	□ False
12	. I understand that there are associated fees outside of tuition, books, and course fees that financial aid
	does not cover, and I have the financial means to cover these costs. (See Page 15)
	□ True
	□ False

# **EMT Application Checklist**

Each of the following documents must be turned in by the posted deadline to the EMT Program administrative assistant in S108. Any missing documents constitutes an incomplete application. Incomplete applications are not considered for entry into the Program.

Completed "Is this the right application for me?" Page
EMT Application Demographics Page
Vaccination Acknowledgement Form
Background and Drug Screening Acknowledgement Form
Functional and Physical Requirements Acknowledgement Form
Completed Personal Statement Page
3 Completed and Sealed letters of Recommendation

# **EMT Application Demographics Page**

Last Name:	Firs	t Name:		Middle Initial	: Preferred Na	ame:	
Mailing Address:							
Street, PO Box, Rural Permanent/Physical Address (If different from above):	Ap	t/Unit/TrIr #	City		County	State	Zip
Street, PO Box, Rural	Ap	t/Unit/Trlr #	City	<del></del>	County	State	Zip
Home Phone:	·	Cell Phone:	- ,		Work Phone:		•
Emergency Contact Name:		Emergency Co	ontact Phone Numbe	er:	Emergency Conta	act Relationship:	
ACC Student Email Address:							
Citizenship: U. S. Citizen		□ Permai	nent Resident Alien		□ Internationa	l Student	
Country of Citizenship:		Resi	dent Card Number (	(if applicable):			
☐ High School Graduate OR ☐ GE Certificate	ED.	School Name/	City/State:		Date of Graduation	on:	
Are you currently enrolled in a major colle	ege or ur	niversity?	□ Yes □	□ No	If so, please lis	t the name, city, &	state:
		Colleges	s or Universities At	tended			
School Name/City/State:		Major &/or Deg	gree Earned:		Dates Attended:		
School Name/City/State:		Major &/or Deg	gree Earned:		Dates Attended:		
School Name/City/State:		Major &/or Deg	gree Earned:		Dates Attended:		
Have you previously enrolled in an allied health program?	ype:	Instit	tution Name:	City/Stat	e:	Dates Attended	d:
□ YES □ NO							
Do you currently hold any healthcare cert  VES NO	ification(	(s)? If so	, please list all crede	entials you curre	ently hold:		
Which pathway are you most interested in	า?						
□ EMT Certificate □ Advanced EMT	Certifica	ate □ Param	nedic Certificate	AAS Parame	dic Dther (Ple	ease describe beld	ow)
I am a returning Alvin Community College	e Emerge	ency Medical Te	chnology Student:	□ YES	□ NO		
If you are a returning student, when were	you last	enrolled in the I	Program?	Semester:		Year:	

# **EMT Application**

# **Vaccination Acknowledgement**

,	, acknowledge that the Alvin Community College
(Print your First and Last Name) Emergency Medical Technology Program clinic	cal affiliates require all Program students entering their
acilities to have documented proof of receiving	g the following vaccinations (in their entirety of series)
or documented proof (titer) of immunity:	
<ul> <li>Measles, Mumps, and Rubella</li> <li>Varicella</li> <li>Hepatitis B</li> <li>Negative Tuberculosis Test</li> <li>Tetanus</li> <li>Meningitis (for students who are 17 year</li> <li>Flu</li> </ul>	rs to 22 years old)
,	, acknowledge that the Program clinical affiliates do of the above listed vaccinations/testing.
,	, acknowledge that if I do not provide proof of
(Print your First and Last Name) mmunity of the above listed communicable dis	seases, I will not be permitted to participate in clinical
rotations and, therefore, will not achieve all of t	the course completion requirements needed to take the
EMT, Advanced EMT, or Paramedic certification	
(Print your First and Last Name)	
(Signature)	(Date)

# **EMT Application**

# **Background and Drug Screening Acknowledgement**

l,	, acknowledge that the Alvin Community College
Emergency Medical Technology Program requi comprehensive background check once a year acknowledge that I am responsible for the cost negative background screen that is not support	res each enrolled student to submit to a
(Print your First and Last Name)	
(Signature)	(Date)
l,	, acknowledge that the Alvin Community College
screening each semester I am enrolled in an El	le for the cost of each drug screen. I acknowledge that
(Print your First and Last Name)	
(Fillit your Filst and Last Name)	
(Signature)	(Date)

# **EMT Application**

# **Functional and Physical Requirements Acknowledgement Form**

I,, ackr	nowledge that I have read, in their entirety, and
(Print your First and Last Name) understand the Functional Job Description, Qualificat	tions to Work as an EMS Professional, EMS
Professional Competency Areas, Description of Eme	rgency Medical Services Tasks, and the Physica
Guidelines sections of this document. After reading the	hese sections, I do hereby attest that I can
perform all of the functional and physical requirement	ts to complete the course and work as an EMS
professional.	
(Print your First and Last Name)	
(Signature)	(Date)



# EMERGENCY MEDICAL TECHNOLOGY PROGRAM PERSONAL STATEMENT

Please attach a separate sheet of paper if necessary. Please write legibly. 1. Please explain in your own words why you wish to enroll in the EMT course? 2. Please tell us about any experiences in your life that have led you to a career in EMS?



### EMERGENCY MEDICAL TECHNOLOGY PROGRAM

### **Letter of Recommendation**

cant(Last Name)	(First Name)	(Middle Name)	
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records under certain cond	Ilment, students at Alvin Community Clitions. I hereby waive pretain (cshould I become a student at Alvin Community	check one) the rights thus gra	nted m
	Signature of Ap	pplicant Date	
/ h 30	0 171 0 )		
	e of person providing reference)		
PLEASE U	e of person providing reference) SE <u>THIS FORM</u> ONLY FOR YOU MAIL TO ADDRESS AT BOT FURN WITH APPLICANT IN <u>SEA</u>	TOM, OR	
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MMENTS: (Use an extra sheet of paper if				
complete picture of the applicant's abil	ities and pote	ential as a trail	nee and nearth	care professional.
I. Professional Appraisal: (Please check of the listed characteristics.)	the category	which best inc	licates your e	valuation of the applic
Characteristics	(3)	(2) Above	(1)	No Basis for
	Superior	Average	Average	Evaluation **
. Academic Potential	1			
. Leadership				
C. Professional Competence *				
. Sense of Responsibility				
Ability to Work with People				
Rapport with Patients *				
. Ability to Adapt to New Situations				
. Ability to Work Independently				
Reliability				
Oral Communication				
. Written Communication				
. Ability to Analyze Problems and Solve				
em Effectively				
This category should be completed only by the ting.  This indicates you have not had the opportunity.				
	nty to observ	e the applical	it iii a situatio	in demonstrating this c
IV. Recommendation for Acceptance:	\ Dage==========	d with	otiona ca mate	d in the comment cost
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ease type or print				
our Name:		Title:		
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Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

### PLEASE RETURN THIS FORM TO:

emt@alvincollege.edu



### EMERGENCY MEDICAL TECHNOLOGY PROGRAM

### **Letter of Recommendation**

(Last Name)	(First Name)	(Midd	lle Name)
s			
records under certain cond	lment, students at Alvin Community Citions. I hereby waive □retain □(chould I become a student at Alvin Co	check one) the r	ights thus granted
	Signature of A <sub>I</sub>	oplicant	Date
(Applicant to fill in name	of person providing reference)		
(Applicant to fill in name	e of person providing reference)		
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Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

### PLEASE RETURN THIS FORM TO:

emt@alvincollege.edu



### EMERGENCY MEDICAL TECHNOLOGY PROGRAM

### **Letter of Recommendation**

ant(Last Name)	(First Name)	(Midd	le Name)
S			
records under certain condi	ment, students at Alvin Community C tions. I hereby waive □retain □(c hould I become a student at Alvin Co	heck one) the r	ights thus granted
	Signature of Ap	plicant	Date
(Applicant to fill in name	of narron providing reference)		
	of person providing reference)		
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Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

### PLEASE RETURN THIS FORM TO:

emt@alvincollege.edu