



WALLACE STATE HANCEVILLE

WALLACE STATE COMMUNITY COLLEGE
Emergency Medical Services
Program Application Checklist

Prior to APPLICATION to the program, the following must be completed:

Submit to the Admissions Office

- _____ WSCC application declaring EMS major
- _____ Official transcripts from all colleges previously attended
- _____ Proof of high school graduation (transcripts) or GED certificate

Submit a complete* program application packet to the EMS Program Director that includes:

- _____ EMS program application
- _____ Upon acceptance into any Health Program at WSCC-Hanceville, students will be required to submit to drug testing. Drug Policy and Guidelines for Drug Testing of Health Profession Students are available for viewing online at www.wallacestate.edu. If you need a copy mailed to you, please call (256) 352-8031. **The signed acknowledgment form below must be returned with your program application.**

An orientation interview must be included for this packet to be complete. To make an appointment call (256) 352-8336 or (256) 352-8335. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date. **YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT.** If you reapply in the future, information will not be released from the previous application packet.

Students will only be allowed to register for the **FIRST semester of Paramedic classes without their EMT Basic license on file.*

NOTE: It is the **responsibility of each applicant** to ensure that the application packet is complete and returned with all information being on file in the EMS office.

ACKNOWLEDGEMENT OF RECEIPT OF DRUG AND ALCOHOL TESTING POLICY

I certify that I have received a copy of Wallace State Community College's Drug Testing Policy and Guidelines. I have read and understand the requirements of the policy and guidelines.

_____ Date

_____ Student's Signature

_____ Student's Name Printed

_____ Parent's/Legal Guardian's Signature
(If student is a minor)

_____ Student Number



Emergency Medical Services Education Program Application for Admission

Date _____

Name: _____
(Last) (First) (Middle/Maiden)

Social Security Number: _____ Date of Birth: _____

Present Address: _____

Permanent Address: _____

County of Residence: _____ Place of Birth _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Level of Training you are planning to enter: _____ Basic EMT _____ Paramedic

Semester for which you are making application: _____ Fall _____ Spring _____ Summer _____ 200 _____

Do you possess a high school diploma or GED equivalent? _____ Yes _____ No
If yes, please list the name of the issuing institution. _____

Have you ever attended WSCC before? _____ Yes _____ No
If yes, please list the dates/semesters attended. _____

Have you ever attended any college/university other than WSCC? _____ Yes _____ No
If yes, please list the name(s) and dates/semesters attended. _____

Have you successfully completed a college level English course at the 100 level or higher? _____ Yes _____ No
If yes, where? _____

Have you successfully completed a college level Math course at the 100 level or higher? _____ Yes _____ No
If yes, where? _____

Have you successfully completed an approved college level Anatomy course? _____ Yes _____ No
If yes, where? _____

Are you applying to any other allied health or nursing programs? _____ Yes _____ No

If yes, please list your order of preference for admission:

1. _____ 2. _____ 3. _____

Student Signature

Please attach the following:

- *Copy of your high school or college transcripts
- *Copy of your current Basic EMT State License
- *Copy of your current, valid Alabama Driver's License
- *Copy of your current CPR Card
- *Signed copy of Acknowledgement of Receipt of Drug and Alcohol Testing Policy form

Submit your completed application to:

Emergency Medical Services
Attn: Jennifer Ivey, Program Director
Wallace State Community College
P.O. Box 2000
Hanceville, AL 35077-2000

For Office Use Only:

Date Received: _____

Receiving Personnel: _____

Application Complete: _____ Yes _____ No

Counseling Complete: _____ Yes _____ No

Additional Documentation Required: _____
