

**Dyersburg State Community College
Division of Nursing and Allied Health
Jimmy Naifeh Center, Academic Building
3149 Highway 51
Covington, TN 38019**

**APPLICATION FOR EMT-PARAMEDIC
FALL SEMESTER 2010**

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

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Social Security Number _____

Home Phone Number _____ Work Phone Number _____ Cell Number _____

Place of Employment _____

Email Address _____

Are you presently attending DSCC? Yes _____ No _____ Have you previously attended DSCC? Yes _____ No _____

Please list all college and universities you have attended other than DSCC _____

Have submitted all school transcripts to the Admissions and Records Office AND the EMT Department.

College GPA _____ High School Graduation Date _____

Have you taken an Academic Assessment Placement test or the COMPASS/ASSET test? Yes _____ No _____

Have you completed all required Remedial and/or Developmental courses? Yes _____ No _____

Do you have prior experience in a healthcare field or military? Yes _____ No _____ If yes, please briefly describe and attach a copy of your certification/license.

Have you ever been convicted of a violation of the law other than a minor traffic violation? Yes _____ No _____ If yes, please explain:

Have you ever had any license in any health care field suspended, revoked, or denied? Yes____ No____ If yes, please explain:

Have you ever been listed on any abuse registry (Nursing Home, Home Health, Sexual, or Other)? Yes____ No____ If yes, please explain:

Criminal background checks are a requirement for training at most affiliated clinical sites. Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at their facility. This would result in your inability to successfully complete the requirements of this program. Additionally, applicants should be aware that conviction of certain crimes may make them ineligible for EMT-Paramedic licensure in the State of Tennessee. To review a list of these crimes or to obtain more information, please to go to <http://www.state.tn.us/sos/rules/1000/1000-01.pdf>.

Please read the "Core Performance Standards" in the current DSCC College Bulletin. If you feel that there may be a difficulty meeting these standards, please check here ____ and explain by attaching a sheet to this application.

I have read and answered each and every question on this application. I hereby affirm the above information is true. I understand that falsification of any information can result in immediate dismissal.



Legal Signature of Applicant

Date

EMT 09-01

Please send the completed application to Tom Coley at the address listed on the top of the application.

Thank you for your interest in the Dyersburg State Community College EMT-Paramedic Program.

Tom Coley

Director of EMT/Paramedic

