



SINCLAIR COMMUNITY COLLEGE

Emergency Medical Services Department
"Entrance Application"

PLEASE PRINT THE FOLLOWING INFORMATION.

Social Security _____ / _____ / _____

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

Home Address _____ City _____ State _____ Zip _____

County _____ Birthday: (____ / ____ / ____) Age: (____) Sex: Female Male
Month / Day / Year

Home Phone (____) _____ Business Phone (____) _____

Mobile/Pager (____) _____ E-Mail Address (optional) _____ @ _____

Ethnic Background (Optional) African American / Black American Indian / Alaskan Native Asian / Pacific Islander
 Hispanic Caucasian / White Other _____

COURSES YOU ARE INTERESTED IN TAKING:

- EMT-Basic Certification
- EMT-Basic Refresher
- Continuing Education, specify _____
- EMT-Paramedic Certification
- EMT-Paramedic Refresher
- Other, specify _____

JOB EXPECTATIONS: As reported by the US Department of Labor, EMS personnel can expect to lift 50 pounds frequently with no maximum, do climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing on a frequent basis. All of these activities may need to be performed in any type of environment, weather, or lighting condition – indoors or outdoors. In addition to the physical demands of the job, applicants may need to deal with challenging emotional, ethical and or spiritual issues.

The activities listed above may be required for laboratory and clinical experience during your education.

Sinclair Community College's purpose is to provide high quality education. If you need accommodations for any of these issues, contact Educational Support Services Office of Disability Services. Your employability after successful completion of any EMS course is dependent on your ability to meet the potential employer's job expectations. Successful course completion does not guarantee employability.

I certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification or omission of material fact may be cause for rejection of my application or for termination after acceptance into the program.

Print Name _____ Date _____

Signature _____

For Dept. Use Only

PLEASE DO NOT WRITE IN THIS AREA

SCC No. _____

EMT Certificate

- Placement Test/Transcript
____ Reading (065)
____ Writing (075)
- Driver's License

Paramedic Certificate

- Placement Test/Transcript
____ Reading (065)
____ Writing (075)
____ Math (085)
- Driver's License
- CPR Card
- Ohio EMT Card
- Health Status
- PPD
- MMR
- Td
- Hep # _____
- Chicken Pox
- Mentor
- Paramedic Orientation

Registered for:

Course	Section	Term
_____	-- _____	____ / ____
_____	-- _____	____ / ____
_____	-- _____	____ / ____
_____	-- _____	____ / ____
_____	-- _____	____ / ____

