



## EMT- BASIC CLASS

### Northeast Mississippi Community College

### Spring Semester 2010

#### REGISTRATION:

- January 5, 2010 at 5:30pm in Holliday Hall Room #302
- Must bring *copies* of
  - ✓ Proof of Age – 18years old (Drivers License)\*
  - ✓ High School Diploma or GED\*
  - ✓ “Career Readiness Certificate” – **Gold Level, 19** on the “ACT” test, **or** “TABE” score **12<sup>th</sup> grade**

#### FEES:

- Tuition - \$400.00 (Refunds possible up to second week of class) – Due at registration
- Malpractice Insurance - \$61.00 (Non-refundable) – Due at registration
- Books - \$140.00 (approximately)

The books can be purchased at the NEMCC Bookstore in the Frank Haney Union Building or purchased individually

- Brady Emergency Care 11<sup>th</sup> Edition ISBN# 13:9780135005248
- Workbook ISBN# 13:9780135008638
- Success for EMT Basic(Review Book) 2<sup>nd</sup> Edition ISBN# 0132253968

#### CLASS SCHEDULE:

- The class will meet each Tuesday and Thursday night from 5:30pm – 9:30pm

#### CLASS ENROLLMENT:

- Maximum of 30 students

#### PREREQUISITES

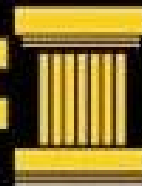
- American Heart Association CPR Healthcare provider card (Expiration date should be after December 2009)\*
- Physically fit per physical examination by physician or NP\*
- TB skin test or Chest X-ray prior to start of class – (TB skin tests or CXR’s performed within the last 12 months are acceptable)
- Hepatitis B vaccine must be started before class begins. (at least one of the three injections)

#### CONTACT:

- If you have any questions, please call 662-720-7249, 662-720-7296, or 662-720-7277



\*Mississippi EMS Requirements



Continuing Education

Workforce Training

## EMT-Basic TRAINEE APPLICATION

Class Name **EMT-Basic Fall 2009**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell Number \_\_\_\_\_

Contact in case of an emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you 18 years of age or older? YES: \_\_\_\_ NO: \_\_\_\_

Previous Health Occupations Training \_\_\_\_\_

Previous Health Occupations Work Experience \_\_\_\_\_

Racial/Ethnic Group (Please choose only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Hawaiian Native/Pacific Islander | <input type="checkbox"/> Black/African American        |
| <input type="checkbox"/> White/Caucasian                  | <input type="checkbox"/> Hispanic/Latino               |

Level of Education (Please choose only one)

- |  |  |
|--|--|
| <input type="checkbox"/> Less than High School       | <input type="checkbox"/> Bachelor Degree                 |
| <input type="checkbox"/> High School/GED             | <input type="checkbox"/> Graduate or Professional Degree |
| <input type="checkbox"/> Some College without Degree | <input type="checkbox"/> Associate Degree                |

Employment Status  Employed  Unemployed  Retired

Employment Type  Full-time  Part-time  Seasonal

Is your employment temporary?  Yes  No

**I attest the information provided above is true and accurate. I understand any falsification of the information invalidates the application.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return Complete form to:**

**Continuing Education Office  
Northeast Mississippi Community College  
101 Cunningham Boulevard  
Booneville, MS 38829  
Fax: (662) 720-7896  
E-mail: pgcolson@nemcc.edu**

HealthCare Criminal History

Background Affidavit

State of Mississippi, County of \_\_\_\_\_

Before me, a Notary Public in and for the County and State aforesaid, and personally appeared the undersigned \_\_\_\_\_, who, after being by me first duly sworn did state upon his/her oath as follows:

That the affiant is currently a student in the EMT Basic Program at Northeast Mississippi Community College.

That the affiant has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23(g) Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.

That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which his/her employer (1) has determined to be of a nature and/or frequency as to be disqualifying for employment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her employment, in addition to this affidavit.

Further, the affiant sayeth not.

\_\_\_\_\_  
Name of Affiant (printed)

\_\_\_\_\_  
Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires