



EMT – Emergency Medical Technician Certification (HLTH 1100) Course Registration

Complete the information below and attach a copy of your current CPR certification card. The card should say Healthcare Provider from American Heart Association or CPR for the Professional Rescuer from the American Red Cross. If it does not, the student will have complete CPR certification necessary for enrollment into HLTH 1100.

Upon completion of paperwork, return to Metropolitan Community College, Health and Public Services, P.O. Box 3777, 68103 or drop off at any Metro Student Services office. Information can also be faxed to Health and Public Services office, 402-738-4793. If you have questions concerning this process, contact Tina Pebley, Enrollment Associate, South Omaha Campus, 402-738-4791.

SECTION Number you are registering for: Number: _____ Location: _____

Please print or type information requested below:

Name: _____
Last First Middle (other last names used)

Social Security or Metro Student ID Number _____

Complete Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

EDUCATION (Check as many as apply): **Name of High School** _____

High School Diploma GED Date of HS Graduation or GED Completion _____

GENDER: Male Female **Are you a U.S. citizen?** [] yes [] no

RACIAL/ETHNIC GROUP: *Federal Law requires Metropolitan Community College to report the ethnicity of all U.S. citizens and resident aliens in the following categories. Information requested in this section is not a requirement for admission but will be used for statistical purposes only.*

Are you Hispanic/Latino? Yes (HIS) No (NHS) -- If you chose no, please select one or more race groups below:

American Indian –Alaska Native (AN) Asian (AS) Black or African American (BA)

Native Hawaiian-Pacific Islander (HP) White (WH)

I certify that the information on this application is complete, accurate, and true. Further, I agree to abide by the policies of Metropolitan Community College. I understand that any information given falsely or withheld may make me ineligible for admission and/or enrollment.

Signature

Date