

ADVANCED EMT APPLICATION FORM

Full legal name	Social security r	(last)		(first)				
Home address (street) (city) (state) (zip code) Email address Employer (name) (address) Telephone (home) (work) (cell) Do you have experience (paid or voluntary) in the health care field? yes no ff "Yes", please give a brief description of your experience(s): Gender: male female Birth date (mo/day/yr) Marital status: single married widowed divorced U.S. citizen: yes no If "no" indicate type of visa: student permanent Have you previously enrolled at Metropolitan Community College? yes no dates: Education: high school diploma GED certification Year received: however of granting institution Address of granting institution College Address Dates attended College Address Dates attended		, ,				(full middle)	/m:	aiden namel
(city)		number or MO		, ,			•	•
(street) (city) (state) (zip code) mail address mployer	lome address		CC student ID	#				
mployer								
(address) (add		(street)		(city)		(state)		(zip code)
(name) (address) elephone (home) (work) (cell) to you have experience (paid or voluntary) in the health care field? yes no "Yes", please give a brief description of your experience(s): dender:	mail address							
(home) (work) (cell) Or you have experience (paid or voluntary) in the health care field? yes no "Yes", please give a brief description of your experience(s): Gender: male female Birth date (mo/day/yr) Alarital status: single married widowed divorced J.S. citizen: yes no If "no" indicate type of visa: student other permanent permanent dave you previously enrolled at Metropolitan Community College? yes no dates: ducation: high school diploma GED certification Year received: dudress of granting institution colleges previously attended: n order to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.) College Address Dates attended	mployer							
(home) (work) (cell) No you have experience (paid or voluntary) in the health care field? yes no "Yes", please give a brief description of your experience(s):		(name)			(address	5)		
Do you have experience (paid or voluntary) in the health care field?	elephone							
Gender: male female Birth date (mo/day/yr) Marital status: single married widowed divorced J.S. citizen: yes no If "no" indicate type of visa: student permanent		(home	e)		(work)			(cell)
Gender: male female Birth date (mo/day/yr) Marital status: single married widowed divorced J.S. citizen: yes no If "no" indicate type of visa: student other permanent Have you previously enrolled at Metropolitan Community College? yes no dates: Education: high school diploma GED certification Year received: Name of granting institution Address of granting institution Colleges previously attended: norder to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.) College Address Dates attended	o you have ex	perience (pai	d or voluntary	/) in the health care fi	ield?	□ yes	□ no	
J.S. citizen: yes	ender:	☐ male	☐ female	Birth da	ite			_ (mo/day/yr)
permanent perm	/larital status:	□ single	☐ married	d □ widowed	□ divo	rced		
ducation: high school diploma GED certification Year received: Iame of granting institution	J.S. citizen:	□ yes	□ no	If "no" indicate type	of visa:		□ other _	
Address of granting institution Colleges previously attended: In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.) College Address Dates attended	lave you previ	ously enrolled	l at Metropol	itan Community Colle	ege?	□ yes □ no	dates:	
colleges previously attended: n order to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.) College Address Dates attended	ducation:	☐ high school	ol diploma	☐ GED certifica	ition	Year received:		
colleges previously attended: In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.) College Address Dates attended	lame of grantir	ng institution						
College Address Dates attended Address Dates attended	ddress of gran	ting institutio	n					
				ersities you have attended must	t send an of	ficial academic transcript to	o the address on th	e bottom of page 2.)
		College		Address		D	ates attende	d
	1	_						

NOTE: Students may be registered for a class before background check results are returned. <u>If a student's background check results have a felony and/or open misdemeanor listed, the student will not be able to complete the class and will be removed from the class immediately.</u>



ADVANCED EMT APPLICATION FORM

ADVANCED EMT APPLICATION FORM cont.

RACIAL/ETHNIC GROUP: Federal Law requires Maresident aliens in the following categories. Information for statistical purposes only.		
Are you Hispanic/Latino? ☐ Yes (HIS) ☐ No (NH	HS) If you chose n	o, please select one or more race groups below:
□ American Indian –Alaska Native (AN)□ Native Hawaiian-Pacific Islander (HP)	• •	☐ Black or African American (BA)
if such information or any other information upor rescind my acceptance. I further agree that I will a	n which my admissior abide by the rules and Illege catalog. I ackno	wledge that all official transcripts that I forward to
Applicant's signature		Date
Metropolitan Community College does not discriminat disability or sexual orientation in admission or access t College complies with Title VI of the Civil Rights Act of 1972, Section 504 of the Rehabilitation Act of 1973 and Discrimination Act of 1975, related Executive Orders 1: of Omaha.	to its programs and acti 1964, the Civil Rights A d Title II of the America	vities, or in its treatment or hiring of employees. The ct of 1990, Title IX of the Education Amendments of ns with Disabilities Act of 1990 and the Age
Contacts: Concerning Title VI (race), Title IX (gender equity), Sect	tion 504 (disability), and	d Americans with Disabilities Act/Program and Services
Accessibility and Age (age) contact:		-

Director of Human Resources: 457-2415 (employees)

Vice President of Campuses and Student Affairs: 457-2415 (students)

Director of Facilities: 457-2415 (accessibility)

Concerning hiring and employment related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability or sexual orientation, retaliation or affirmative action and diversity issues contact:

Director of Human Resources: 457-2415 (employees)
Associate Vice President for Equity and Diversity: 457-2415

Completed applications should be returned to:

Metropolitan Community College Health and Public Services Office P.O. Box 3777 Omaha, NE 68103

Contact: Health and Public Services

South Omaha Campus, Mahoney Building, Room 519 Phone: 402-738-4791 Fax: 402-738-4793 Address for contact individuals:

Metropolitan Community College 30th and Fort Streets P.O. Box 3777 Omaha, NE 68103-0777



ADVANCED EMT APPLICATION CHECKLIST

All of the items below will be needed to complete your final acceptance process.

Student Name:	Student ID:					
☐ Indication of Quarter: ☐ Days/Fall ☐ Days/Winter	☐ Evenings/Spring ☐ Days/Summer					
☐ Proof of completion of EMT (EMSP 1100) – student must be on the registry for EMT. This is a pre-requisite required for acceptance into the Advanced EMT course						
☐ Completed and signed application form	☐ Copy of Academic Progress Report					
☐ Signed and Dated Technical Standards Form for EMT	☐ Background Check Forms (completed on first day of class)					
☐ Copy of CPR certification	☐ Copy of current Driver's License					
☐ Proof of completion of the PSB Assessment Test (18.00 or higher)						
$\ \square$ Proof of education – copy of High School diploma or GED	certification					
$\hfill \square$ All official transcripts mailed to Metropolitan Community	College's Records Department					
☐ Proof of age – copy of driver's license or birth certificate –	- must be minimum of 18 years of age					
☐ Copy of immunizations (student must have completed by Varicella vaccination or titer of Varicella – docum	first day of class) mentation by physician. If unknown, a titer must be completed					
Current Tetanus within past ten (10) years						
MMR immunization or titer – if born after 1956	must show evidence of having received two MMRs					
— Hepatitis B vaccine or Hepatitis B titer – if vaccin must be followed per current standard	ne, student must have at least started the series and the series					
Polio						
Two-step PPD/TB test within one year of the firs PPD – (One-step acceptable if able to provide do	st day of class or chest x-ray one-view for known positive history ocumentation of a prior skin test)					

Final admission based on ability to pass a background check, a drug screen, and the ability to complete the duties and requirements in the functional job description of an EMT.

Note: The application can be completed and sent to the Health and Public Services Office at the South Omaha Campus with the above information attached. If there are some documents that are not available, please notify the Health and Public Services office. Students will be registered for the Advanced EMT course by the Health and Public Services office or the Program Director.

Completed applications and supporting paperwork should be returned to:

Metropolitan Community College Contact: Health and Public Services

Health and Public Services Office South Omaha Campus, Mahoney Bldg. Room 519
P.O. Box 3777 Phone: 402-738-4791 Fax: 402-738-4793



METROPOLITAN COMMUNITY COLLEGE

RESPIRATORY CARE PROGRAM, NURSING, DENTAL ASSISTING, CERTIFIED NURSE AIDE, MEDICAL ASSISTING, EMT, FIRE SCIENCE, AND PARAMEDICINE

TECHNICAL STANDARDS

All Healthcare students are required to meet definite standards for the profession and for clinical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document.

The following are specific requirements of all students:

- 1. Ability to stand, sit, walk, push and squat.
- 2. Ability to lift and/or carry 25 pounds.
- 3. Ability to reach in forward, lateral and overhead motions.
- 4. Ability to climb stairs.
- 5. Ability to distinguish distance, colors, objects, and persons
- 6. Demonstrate depth perception.
- 7. Ability to hear conversations, monitor equipment, perform auscultation, use telephone and distinguish background noise.
- 8. Ability to distinguish sharp/dull and hot/cold.
- 9. Perform fine and gross motor skills with both hands.
- 10. Ability to think clearly and calmly in stressful situations.
- 11. Ability to communicate effectively, both verbally and in writing, using appropriate grammar, spelling and vocabulary.
- 12. Ability to work cooperatively with others.

I have read the above technical standar	rds and acknowledge that I can comply with each of them.
Student	Social Security Number or student ID
D-1-	-