



ADVANCED EMT APPLICATION FORM

PERSONAL (please print or type): Days (Fall) Days (Winter) Evenings (Spring) Days (Summer)

Full legal name _____
(last) (first) (full middle) (maiden name)

Social security number or MCC student ID# _____

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

If "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 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:

(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
1. _____	_____	_____
2. _____	_____	_____

NOTE: Students may be registered for a class before background check results are returned. 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.



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ADVANCED EMT APPLICATION FORM cont.

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 to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College including but not limited to those rules contained in the current College catalog. I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Applicant’s signature _____ Date _____

Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities, or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 and the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375 and all civil rights laws of the State of Nebraska and the City of Omaha.

Contacts:

Concerning Title VI (race), Title IX (gender equity), Section 504 (disability), and 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

Address for contact individuals:

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

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**



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 standards and acknowledge that I can comply with each of them.

Student

Social Security Number or student ID

Date