

Name: _____ Date: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (work) _____ (cell)

E-mail: _____ Date of Birth _____

In case of emergency contact: Name _____ Phone: _____

ADMISSION REQUIREMENTS

See attached list for pre/co-requisites for EMT-Paramedic program as dictated by the NC State Office of EMS. In order to be considered for admission to the EMT-Paramedic program, these requirements MUST be met as well as submitting the following documentation (copies of documents are acceptable; do not send originals):



EMT-Intermediate or candidate pending



Picture ID AND Copy of High School diploma, GED or College Degree



Placement into, or successful completion (evidenced on official College transcript) of, a college-level reading and English, language-writing course. (ENG 111 sufficient). Developmental or remedial courses will not satisfy this requirement.



Successful completion of MAT 060 or higher (evidenced on official College transcript) or demonstration of mathematical skills at a minimum at the high school grade level (Placement into of MAT 070 or higher).



Anatomy and Physiology- at least one semester- BIO 163 or higher or A&P for the EMS Professional (CE equivalent).



Current BLS certification



Completed Medical form (separate attached)



Criminal Background Check Release Form

Return applications to the Continuing Education Office or mail to:

Randolph Community College
Continuing Education Office
Attn: PARAMEDIC PROGRAM
P. O. Box 1009
Asheboro, NC 27204-1009

Only completed applications will be considered for admission. Applications are complete when accompanied by all requested documentation. Do not submit an application without this information. Incomplete applications will NOT be returned to the applicant and will be discarded.

Information Regarding Criminal Background Checks
For Potential Students

EMT-Intermediate
EMT-Paramedic
Nursing Assistant 1 & 2
Phlebotomy Technician

All potential students in health occupations programs should be aware that many of our clinical agencies are in the process of developing policies that may require the student to complete a statewide criminal background check prior to being allowed into the clinical setting. Specifically, these policies may exclude persons with felony convictions and certain misdemeanor convictions from participating in clinical education at their facility. These policies may be implemented during the course of any program that requires a clinical component for successful completion of that program.

Potential students should be aware that it will be their own responsibility to secure these said documents and abide by the policies and procedures associated with the clinical facility. Failure to provide required documents and to meet guidelines set by clinical facilities may result in the student being unable to participate in clinical educational components of the program, thereby preventing successful completion of that program.

I have been provided information regarding the possibility of a statewide criminal background check being required for entry into certain clinical facilities. I understand that if I fail to meet certain criteria, as set by these facilities, that I may not be able to participate in clinical education and that this may prevent my successful completion of the program to which I am applying.

Signature _____ Date _____

Print Name _____ Student ID# _____

Return this form with your application