



Emergency Medical Services Program Application

Notice: Admission requirements and procedures may change without prior notice.

Name: Last _____ First _____ MI _____ SUSCC Student Id# _____

List all previous names you may have college records under: _____

Program Preference: (Check current class schedule for campus location(s) where class will be available.)	
<input type="checkbox"/> EMT Program	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
<input type="checkbox"/> Advanced EMT (AEMT) Program	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
<input type="checkbox"/> Paramedic Program	<input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
Time Preference: Check if you prefer day or evening classes, if available. <input type="checkbox"/> Day <input type="checkbox"/> Evening	
Campus Preference: (if a choice is available on class schedule): Opelika _____ Valley _____ Wadley _____	
√	Application Checklist
	Information Session Verification of Attendance form must be attached to the program application. Applicants without an ORIGINAL Information Session Verification will not be admitted to the program. Copies not acceptable. Sign up for session at www.suscc.edu under the Emergency Medical Services information page.
	General admission to Southern Union. Applicants must complete the SUSCC Application for General Admission and other requirements according to College admission policy.
	Meet minimal admission requirements for admission to EMS level you are applying. (Requirements available on page 3, on website at www.suscc.edu , in current College Catalog, and Health Sciences Department).
	Completed application form for the program for which you are applying. It is your responsibility to ensure that the Health Sciences Admissions Office has received your COMPLETE application for the correct program prior to the deadline. You may verify completeness by email to Health Sciences Division if application is submitted at least 2 weeks early.
	Essential Functions form read and signed by applicant. Student must maintain ability to meet essential functions for Emergency Medical Services with or without reasonable accommodations. Program application will be considered incomplete without applicant's signature. Physician's signature will be required following admission to program.
	Official transcripts from EACH college attended (or high school transcript for applicants with no prior college coursework) must be in the Registrar's office before the deadline. Transfer credit listed on other college transcripts will NOT be accepted as replacement for official transcripts from EACH college. It is your responsibility to check with Records Office and verify that transcripts have been received by the Records Office before the application deadline. Faxed or hand-delivered transcripts are not considered as official. Have transcripts mailed directly to the Records Office at: Southern Union State Community College, Admissions, and P.O. Box 1000, Wadley, AL 36276.
	Current class schedule must be attached <u>if currently enrolled in college other than SUSCC</u> . In-progress transcript must be in Records Office before application deadline.
	Course descriptions attached to program application from transfer courses required for EMS program . Contact previous college or search their websites for descriptions.

****READ and sign:** I have included ALL of the above items, as required, in my application packet. I understand that meeting minimal admission requirements does not guarantee admission to the program if space is not available. I further understand that if ALL my official college transcripts are not in the Registrar's Office before the deadline for application, my application will not be considered for admission to the program.

Signature _____

Date _____

PERSONAL DATA

Last Name: _____ First: _____ MI: _____ Maiden: _____

Suscc Email Address: _____@mail.suscc.edu (email assigned upon admission to College)

*Correspondence will not be sent to personal email address.

Phone #: _____

*Address must be correct in Records Office for you to receive notification of admission status.

PRIOR TRAINING: ***ATTACH COPY OF LICENSURE AND CERTIFICATION*******

(AEMT applicants only) Answer following questions:

Are you currently a licensed EMT? __Yes __No Are you licensed in Alabama? __ Yes __ No

If not licensed in Alabama, do you currently hold National Registry Certification? __Yes __ No

Where did you receive your EMT Training*? _____

Students completing EMT training from non-accredited program will be required to enroll in EMS 108 Directed Studies (1 cr hr) as a co-requisite to EMS 156.

(Paramedic applicants only) Answer following questions:

Are you currently an AL licensed EMT? __Yes __No; Are you an AL licensed AEMT? __Yes __No

If not licensed in Alabama, do you currently hold National Registry Certification? __Yes __ No

Where did you receive your EMT Training*? _____

Students completing EMT training from a non-accredited program will be required to enroll in EMS 108 Directed Studies (1 cr hr) as a co-requisite to EMS 156.

Where did you receive AEMT Training*? _____

Students completing AEMT training from a non-accredited program will be required to enroll in EMS 156 AEMT Clinical (2 cr hrs) as a co-requisite to EMS 244.

PRIOR EDUCATION

Name of High School:		Graduation Year:	
GED (if applicable):		Date Completed:	
Are you currently enrolled in a college other than SUSCC? _____ If yes, attach current schedule and in-progress transcript must be located in Records Office by deadline.			
College: List ALL colleges attended with degrees earned as applicable (including Southern Union). List any additional schools on separate sheet, if necessary.			
Name of College	City, State	Name(s) on transcript during attendance	Degree

Attach additional sheets if more room is needed

According to the Alabama Department of Public Health, Emergency Medical Services Division and the National Registry of Emergency Medical Technicians, application for licensure in Alabama to practice as an Emergency Medical Technician or Paramedic may be denied if a person has been convicted of a felony, is guilty of a crime involving moral turpitude, and/or has displayed other grounds for denial as specified by law. Additionally, many health care facilities will not employ a person, even if fully certified and/or licensed, who has been convicted of a felony or who has unfit personal habits including alcohol or drug abuse.

It is the official policy of the Alabama State Board of Education and Southern Union State Community College that no person shall, on the grounds of race, color, disability, gender, religion, creed, national origin, marital status, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Persons requiring reasonable accommodations under the Americans with Disabilities Act (ADA) should contact the Southern Union State Community College ADA Coordinator at (334) 745-6437 extension 5351.

Admission Requirements

EMT level:

1. [Health Sciences Information Session](#) Attendance Verification. (Register for session at www.suscc.edu.)
2. unconditional admission to the College.
3. 2.0 cumulative grade point average (GPA) at Southern Union.
4. transfer students who have never attended Southern Union must enter on clear academic status (2.0 gpa).
5. transcripts from all postsecondary institutions attended OR high school transcripts if no college.
6. proof of eligibility for English Composition I and Intermediate College Algebra (Mth 100).
7. application for the Emergency Medical Technician (EMT) Program by deadline date. Applications accepted until class is full.
8. age of 18 years or older within one (1) year of program completion.
9. ability to meet and comply with Essential Functions and standards and policies in the current *College Catalog and Student Handbook*.

AEMT level:

1. [Health Sciences Information Session](#) Attendance Verification. (Register for session at www.suscc.edu.)
2. unconditional admission to the College.
3. current National Registry license for EMT.
4. Minimum 2.0 gpa at Southern Union. Transfer students who never attended SUSCC must enter on clear academic status (2.0 gpa).
5. official transcripts from all postsecondary institutions attended (OR high school transcripts if no college) delivered to Records Office .
6. proof of eligibility for English Composition, intermediate college algebra (MTH 100) and satisfaction of the College's reading requirement.
7. application for the Advanced Emergency Medical Technician (AEMT) Program.
8. age of 18 years or older within one (1) year of program completion.
9. ability to meet and comply with standards and policies in the current *College Catalog and Student Handbook*.

PARAMEDIC level:

1. [Health Sciences Information Session](#) Attendance Verification;
2. unconditional admission to the College (see College Catalog for requirements);
3. 2.0 gpa at Southern Union and/or entry to college on clear academic status;
4. official transcripts from all postsecondary institutions attended in Records Office;
5. eligibility for English 101 and math 100 and meet the College's reading requirement;
6. Completion of Advanced EMT from an accredited institution or have an NREMT-Advanced.
7. application for the Paramedic program;
8. age of 18 years or older within one (1) year of program completion;
9. ability to meet and comply with standards and policies in the current *College Catalog and Student Handbook*.

Applicants please read and sign below:

I understand that completion of this application is a component of the student profile and does not in itself grant admission to the EMS program. I understand this application must be resubmitted if I am not selected for the indicated application period. All application materials become the property of Southern Union State Community College. It is the sole responsibility of the applicant to ensure that the Health Science Department has received all of the requested documentation.

I hereby certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason for dismissal and/or refusal of admission.

Applicant's Signature

Date

Send or Deliver Completed Applications to:
Southern Union State Community College
ATTN: Health Sciences Admissions
301 Lake Condry Road
Opelika, AL 36801

EMS Program Essential Functions

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with Southern Union State Community College Policy, when requested, reasonable accommodations may be provided for individuals with disabilities. The essential functions below are necessary for EMS program admission, progression and graduation and for the provision of safe and effective pre-hospital care. The essential functions include but are not limited to the ability to:

1) Cognitive and critical thinking abilities

- a) Comprehend new knowledge and apply it in EMS practice
- b) Analyze situations and identify cause-effect relationships
- c) Be attentive to detail and be aware of standards and rules that govern practice and implement therapies based upon mathematical calculations (9th grade level or higher)
- d) Possess sufficient emotional stability to be able to perform duties in life or death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates
- e) Operate a computer after an orientation

2) Interpersonal abilities

- a) Establish rapport with individuals
- b) Interchange ideas in a group
- c) Perceive emotions displayed by others
- d) Convey sensitivity, respect, tact, and a mentally healthy attitude in interpersonal relationships

3) Communications

- a) Must be able to read and understand written instructions
- b) Must have sufficient English language abilities to understand printed materials; lectures; instructional, medical or other directives; and patient questions and/or responses
- c) Appropriately use the terminology of the profession in verbal and written communications
- d) Interpret feedback or messages
- e) Be able to send and understand messages with the use of communications equipment of current technology

4) Physical mobility

- a) You must have the physical agility to walk, climb, crawl, bend, push, pull, lift, and balance over less than ideal terrain
- b) Must have good physical stamina and endurance, measured by the ability to undertake, without adverse effects, lifting, carrying, and balancing loads in excess of 125 pounds or 250 pounds with assistance
- c) Able to manipulate small objects to insert one into another, such as threading a needle.
- d) Must have the ability to see different color spectrums
- e) Your eyesight must be correctable to 20/20 in at least one eye and be able to determine directions according to a map. Students who desire to drive an ambulance must possess approximately 180 degree peripheral vision capacity and must possess a valid driver's license, and must be able to safely and competently operate a motor vehicle in accordance with state law
- f) You must have good eye-hand coordination and sufficient manual dexterity to manipulate equipment, instrumentation and medications
- g) You must be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory and tactile observations
- h) Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations
- i) Be able to handle stress and work well as part of a team
- j) Be oriented to reality and not mentally impaired by mind-altering substances
- k) Not be addicted to drugs
- l) Be able to work shift of 24 hours in length
- m) Be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes, and noise

The above examples of criteria are not intended as a complete listing of EMS practice behaviors, but are a sampling of the types of abilities needed by the EMS student to meet program objectives and requirements. The EMS Department or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The EMS Department reserves the right to amend this listing based on the identification of additional standards or criteria for EMS students

An individual who discloses a disability may request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. To request accommodations, students with disabilities should provide documentation of the disability to the College ADA Coordinator. The documentation should address the specific accommodation and should be dated within three years of the enrollment date. Once the documentation is filed with the College ADA Coordinator, the student's instructors will be notified of the requested accommodation. Students should update their information with the College ADA Coordinator by the courses for which they are seeking accommodations each semester.

Student Verification

Read the declarations below, ANSWER and SIGN only **one** option. If you are **unable to fully meet any** criterion, you will need to direct your request for accommodation to the College ADA Coordinator.

_____ I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge **I currently have the ability to fully perform these functions**. I understand that further evaluation of my ability may be required and conducted by the EMS faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

_____ I have read the Essential Functions for this program and **I currently am unable to fully meet the items indicated without accommodations**. I am requesting the following reasonable accommodations: Attach additional sheet

Printed Name _____

Student Signature _____

Student ID _____

Date _____