



# **Emergency Medical Technician-Basic (EMT)**

## **Information Guidelines 2021-2022**

*Last Revise: 10/2021*

**Arkansas Northeastern College**  
**Basic Emergency Medical Technician Course**  
**Information Guidelines**  
**2021-2022**

The Arkansas Northeastern College (ANC) Emergency Medical Technician (EMT) is a one semester Basic Certificate (BC) course that provides training in recognizing, assessing, and managing medical emergencies of acutely ill or injured patients in a pre-hospital care setting. The course curriculum includes classroom instruction along with outside clinical experiences. Students are required to participate in a field internship to include 48 hours in the emergency room of an assigned acute care facility and 24 hours with an ambulance service. After satisfactory completion of the EMT course, and meeting application criteria, students are eligible to apply for the National Registry Emergency Medical Technician (NREMT) Exam for certification as an EMT.

The ANC Basic EMT course is approved by the Arkansas Department of Health and Human Services, Section of Emergency Medical Services and Trauma Systems. The EMT course is offered in both the Fall and Spring semesters at the ANC Main Campus. Admission in the EMT course is based upon meeting specific enrollment/admission criteria.

The ANC Emergency Medical Technician (EMT) Program utilizes various alternate delivery methods to include face-to-face, multi-modal and ZOOM Optional. During the COVID-19 pandemic students will follow social distancing guidelines along with wearing a face mask or other “Personal Protection Equipment” during labs, clinicals or when social distancing is not possible. ANC COVID-19 guidelines are updated periodically. Students are requested to check the ANC Homepage for most

**Admission Criteria**

Admission to the Arkansas Northeastern College EMT Course is based on students meeting the following enrollment requirements:

1. Complete ANC Application for Admission.
2. Must be 18 years of age to set for the National Registry for EMT Certification Exam.
3. Submit High School or General Education Diploma (GED) to the registrar’s office.
4. Submit official transcripts from any college(s) previously attended to the registrar’s office.
5. Have current immunizations and updated records submitted to registrar’s office and EMS Dept.
6. Complete the ANC EMT Application for Admission and submit as indicated on the application form.
7. Meet with the Nursing and Allied Health Advising Specialist to ensure admission criteria is met including required ACT or ACCUPLACER scores meet the minimum skill level.
8. Completion of the ACT or ACCUPLACER with a minimum required score in the reading, writing, and math portions of the exam.
9. Attend the EMT Course orientation session as scheduled.
10. Students re-applying for admission/readmission into one of ANC’s Nursing or Allied Health Programs or Courses must have a written letter of recommendation from the previous program Director validating the student left the program in professional good standing.
11. A student requesting transfer from another college into ANC’s Nursing or Allied Health Program/Courses is required to meet the ANC Transfer Policies as outlined in the ANC Catalog and Student Handbook. In addition, the student is required to request a “letter of good standing” be mailed directly by the transferring Departmental Administrator to the respective ANC Nursing or Allied Health Director of the program to which the student is applying.

It is the student’s responsibility to complete the requirements for admission and to submit the required information to the registrar’s office. All applicants who have completed the general ANC application, the EMT course application, submitted transcripts and immunization records, and met the minimum required scores on

the ACT or ASSET will be notified regarding a mandatory orientation session. This session is scheduled to assist students by providing course information and answering any questions regarding the EMT course curriculum. Applicants meeting admission criteria will be invited to sign a "Letter of Intent" signifying their intention to register for the course.

### **Selection Process**

It is the student's responsibility to complete the requirements for admission and to submit the required information to the registrar's office and/or Advising Specialist as noted. All applicants who have completed the general ANC application, the EMT Program application, submitted transcripts and immunization records, and meet all other minimum admission requirements will be invited to attend a scheduled mandatory orientation for prospective students. Applicants meeting admission criteria will be invited to sign a "Letter of Intent" signifying their intention to enter the ANC EMT Program. If there are more applicants that meet minimal admission criteria than seat availability, selection will be based on ranking applicants according to the Admission Criteria and any GPA of previous College course work.

### **Conviction of a Crime**

Persons convicted of a crime may not be eligible to take the National Registry of EMT's certification Exam to become an EMT. A state criminal background check is required of individuals seeking initial certification and a federal criminal background check is required for those students who have not resided in Arkansas for at least a 5 year period. Any student who has been convicted of a crime prior to entering the EMT Program and/or during the program **must report** this conviction to the Program Director immediately. **Failure to report the crime may result in immediate suspension and/or dismissal from the program.**

## **BACKGROUND VERIFICATION POLICY**

**Policy Statement:** Arkansas Northeastern College EMT Program requires students selected for admission to complete a criminal background investigation by a third party vendor prior to beginning of clinicals rotations each year.

All background verification information and results will be treated confidentially but will be accessible to the EMS Program Director, Dean of Nursing, Allied Health & HPER and clinical agencies as warranted. All adverse or negative outcomes on the background verification checks will require permission from the clinical affiliate before a student is scheduled at that agency for a clinical rotation. This requires each clinical affiliate to independently determine if an adverse or negative outcome on the criminal background verification check will prohibit a student nurse from being assigned in their facility.

Students will be responsible for all fees associated with any components of the background verification process. Students must authorize the background check verification by completing the background authorization form provided by the vendor.

Students found to be ineligible to complete clinical rotations due to an adverse or a negative outcome from the criminal background check will not be able to meet clinical and program objectives and therefore dismissal from the program will be necessary. The background investigation completed through a third party vendor will include the following components:

- Arkansas Statewide Criminal
- 7 Year U.S. County Criminal Records (Outside of Arkansas)
- Residency History
- Social Security Alert
- National Record Indicator with Sex Offender Registry

- Nationwide Healthcare Fraud & Abuse Scan
- Arkansas Child Abuse Clearance
- Missouri Family Care & Safety Registry
- Maiden Names & Aliases

## **CLINICAL REQUIREMENTS**

### **Personal Health Data and Medical History**

Students are required to complete the Personal Health Data and Medical History Form and submit during the scheduled orientation day prior to the first day of class. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

### **Health Insurance**

Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics, and hospitals at the student's expense. All students are encouraged to carry their own health and accident insurance throughout the program.

### **Immunization Requirements for all Enrollees at Arkansas Colleges and Universities:**

Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. Two MMR immunizations are required. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at [www.immunization.section@arkansas.gov](mailto:www.immunization.section@arkansas.gov) after July 1, each year.

**Nursing and Allied Health MMR Immunization Policy:** Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- **Proof of Immunization:** The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.
- **Proof of Immunity:** In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:

*Arkansas Department of Health  
ATTENTION: Immunization Section  
4815 West Markham Street  
Little Rock, AR 72205*

After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student's responsibility to provide ANC Registrar a copy of the letter for placement in the student's permanent file. Thereafter, annual approval is not required. If denied, the student must receive the required immunization or request an exemption (see below) through the Arkansas Department of Health.

- **Medical or Non-medical Exemption:** Students may apply for an authorized exemption (medical, religious, or philosophical) from the Arkansas Department of Health. Exemptions must be applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at: <http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf>

### **Other Immunizations Requirements:**

Students admitted to the EMT Program must have a tetanus or tetanus booster if it has been greater than 7 years since the last booster. As a condition of admission and continuing enrollment in the EMT Program, all students are required to submit to a tuberculin (TB) skin test prior to beginning the clinical component. Skin tests are performed annually and must be maintained during the entire program, which indicates freedom from active tuberculosis. A chest x-ray is required for any student who has tested positive to a previous TB skin test.

Students entering the EMT Program must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting.

### **COVID-19 Vaccination:**

In compliance with AR ACT 1030, The Division of Allied Health at Arkansas Northeastern College does not mandate COVID-19 vaccination as a requirement for enrollment in any of their courses or programs. However, clinical affiliates may mandate and require proof of the vaccine for both faculty and students attending their facilities for clinical experiences.

In order to ensure all students are provided an equitable clinical educational experience necessary to meet required course and program objectives, students must be eligible for placement in any approved clinical site. Students ineligible to meet their clinical assignments will not be successful in meeting their course objectives.

### **Functional Ability**

Emergency Medical Technician-Basic is a practice discipline, with cognitive, sensory, affective, and psychomotor performance requirements. The knowledge, skills and abilities to safely and effectively practice emergency care are varied and complex. The National Registry of EMT's has defined the functional abilities that an Emergency Medical Technician-Basic must possess to practice safely and effectively. Arkansas Northeastern College EMS Programs has adopted these requirements for the students enrolled in the Paramedic Program. To ensure that your decision to pursue a career in Emergency Medicine is the correct one for you, we, the faculty of the Emergency Medical Technician-Basic Program, ask that you review these requirements carefully and then sign the Statement of Understanding of Functional Categories.

These functional abilities are the non-academic requirements of the program, and they comprise physical, emotional, and professional demands of an EMT. Take into consideration whether you can perform the

following functions, with or without accommodations. If you determine that you are unable to do any of the skills listed and you have a documented disability, you will then need to determine if a reasonable accommodation can be provided. Throughout your educational program, you will find yourself in a variety of learning experiences. You will need to take into consideration the specifics of each position and the percentage of time the skill will be needed in order to determine if reasonable accommodations can be provided.

To request an accommodation, you will need to contact Arkansas Northeastern College's Student Services office and present documentation of your disability.

### Functional Ability Categories, Descriptions and Representative Activities and Attributes

Please review the functional abilities requirements needed to perform effectively in the EMS profession. Identify any functional ability required of an Emergency Medical Technician that you do not feel that you can accomplish.

#### 1) Gross Motor Skills-

- Move within confined spaces
- Reach above shoulder
- Reach below waist
- Reach out front

#### 2) Fine Motor Skills-

- Pick up objects with hands
- Grasp small objects with hands
- Write with pen or pencil
- Key/type
- Pinch / pick / squeeze with fingers
- Twist
- Good eye hand & foot coordination
- Simultaneous hand wrist & finger movement.

#### 3) Physical Endurance-

- Walking and Standing
- Sustain repetitive motions (CPR)
- Climbing and Balancing
- Stooping
- Kneeling
- Crouching
- Crawling

#### 4) Physical Strength-

- Lift, carry, and balance up to 125 pounds (250 pounds with assistance)
- Carry equipment / supplies
- Use upper body strength (CPR)
- Squeeze with hands

#### 5) Vision-

- See objects up to 20 inches away (small needles)
- See objects up to 20 feet away
- Use depth perception
- Use peripheral vision
- Distinguish color and color intensity
- See in a darkened room

#### 6) Environment-

- Work in cold, with or without temperature changes
- Work in extreme heat, with or without temperature changes
- Work in wet and/or humid conditions
- Work in noise and/or vibration
- Work in Hazards
- Work in atmospheric conditions

#### 7) Hearing-

- Hear and discriminate at speech normal conversational sound levels
- Hear faint voices
- Hear faint body sounds (shallow breathing)
- Ability to discriminate speech in noise
- Hear in situations when not able to see (back turned, mask)

#### 8) Tactile-

- Feel vibrations
- Detect hot and cold temperatures
- Feel differences in surface characteristics
- Feel differences in sizes & shapes

#### 9) Reading-

- Read medication/prescription labels
- Accurately read a Drug Reference Manual
- Accurately read a road map
- Review written reports for accuracy
- Read professional journals

#### 10) Math-

- Tell time
- Measure time
- Add, subtract, multiply, divide, and count
- Compute fractions and decimals
- Perform quickly and precisely mathematical calculations using ratio and proportion
- Document numbers in records

**11) Interpersonal skills-**

- Establish rapport with EMS personnel
- Negotiate interpersonal conflict
- Respect difference in patients
- Establish positive rapport with patients and family members
- Establish positive rapport with co-workers/peers
- Establish and maintain positive rapport with faculty
- Interact with others effectively

**12) Communication Skills -**

- Exhibit & comprehend nonverbal cues
- Speaks English
- Writes English
- Read English
- Understand English
- Listen & comprehend spoken / written word
- Communicate verbally with diverse cultures and age groups
- Collaborate with others

**13) Emotional Stability-**

- Independent and confident
- Adapt to changing environments
- Deals with the unexpected

- Establish professional relationships
- Accept feedback appropriately
- Accept responsibility of own actions
- Ability to use good judgment and remain calm in high-stress situations
- Ability to assume the role of team leader

**14) Critical Thinking-**

- Comprehends & follows instructions
- Identifies cause-effect relationships
- Ability to draw valid conclusions expediently relevant to patient's condition, often using limited information.

**15) Analytical Thinking-**

- Problem solve
- Transfer knowledge from one situation to another
- Process & interpret written & oral information from multiple sources
- Apply math concepts
- Analyze & interpret abstract and concrete data
- Prioritize Tasks (time management)
- Evaluates outcomes
- Use short & long-term memory
- Plan & Control activities

**EMT Course Requirements  
Basic Certificate Program  
Emergency Medical Technician (EMT)**

**Course Requirements:**

EM 18008 Emergency Medical Technician

**Credit Hours**

8

| <b>BC in EMT: Minimum Score Requirements</b> |             |                |                |
|--|-------------|----------------|----------------|
| <b>Placement Test</b>                        | <b>Math</b> | <b>English</b> | <b>Reading</b> |
| ACT  | 11          | 11             | 13             |
| ACCUPLACER                                   | 26A         | 52             | 36             |
| NG ACCUPLACER                                | 216A        | 224            | 224            |

## **EMT Course Considerations and Guidelines**

1. Training for the EMT course consists of 8 credit hours divided between classroom study, field internship and clinical training in a variety of health care settings, including hospitals, and third party ride time with local ambulance services.
2. Classroom hours are usually scheduled 5:00 pm - 9:00 pm unless indicated on the ANC Schedule. The course generally meets twice a week on Tuesday and Thursday.
3. A Healthcare Provider Course in Cardiopulmonary Resuscitation (CPR) from the American Heart Association is required for the EMT Course. Students must submit a current completion card with an expiration date that extends beyond course completion or complete a Healthcare Provider Course prior to the beginning of scheduled clinical.
4. Clinical hours vary depending on the clinical site assigned. Students will be responsible for scheduling clinical and field time around their course and work schedules. Students should not schedule more than 12 hours per shift rotation at any one facility in a 24 hour period.
5. An Attendance Policy is provided at orientation. Absences are limited in this fast-paced, competency-based program. In addition to regular attendance in the classroom and in clinical, the student's presence at certain outside functions is required. These functions will be announced in time for arrangements to be made.
7. Traditionally, the placement rate for ANC EMT students who have successfully completed the course has been very high; however, there is no job placement guarantee after certification.
8. Tuition is due the first day of the semester/term. Textbooks must be paid for upon receipt. It is the responsibility of the student to pay all fees when they are due. Please call the Student Services department at (870) 762-1020 or refer to ANC student handbook for sources of financial assistance.
9. Students are responsible for their own transportation to and from class and clinical sites.
10. Students withdrawing from the EMT course must notify the registrar's office so that proper steps can be taken for the interruption of training. A student officially withdrawing from training due to hardship or illness may be considered for re-enrollment in future course with approval from the EMS Program Chair.
11. Students must maintain and complete the course with a C average or higher on all course work. A student who withdraws or is unsuccessful due to academic reasons may apply to re-enter a future course.
12. Students applying for readmission will be subject to the same criteria for admission as new applicants. The maximum number of students accepted into the EMT course will be based on the number of qualified applicants and/or availability of clinical sites.
13. A student who is terminated from the EMT course for disciplinary reasons may not be considered for re-admission.

**Arkansas Northeastern College  
Basic Certificate in EMT-Basic  
Program Cost List 2021-2022 Final**

| <b>Tuition</b>   | <b>Per Credit Hour</b> |                       |
|--|------------------------|-----------------------|
| Mississippi County Residents   | \$72.00                |                       |
| Out of County Residents  | \$82.00                |                       |
| Bootheel & Tennessee Border  | \$82.00                |                       |
| Out of State Residents   | \$132.00               |                       |
| International Students   | \$132.00               |                       |
| <br><b>Estimated Tuition: In County Fees</b>                           |                        | <b>Totals</b>         |
| EMT-Basic Course (\$72.00 per credit hour x 8)                         |                        | \$576.00              |
| Technical Fee (\$14.00 per credit hour x 8)                            |                        | 112.00                |
| Registration Fee (\$25.00/semester x 1)                                |                        | \$25.00               |
| *ZOOM/INET Fees (\$20/credit hour x 8)                                 |                        | <u>\$160.00</u>       |
|  |                        | <b>\$873.00</b>       |
| <br><b>EMT-Basic Fees</b>  |                        |                       |
| EMT Course Fees; Fisdap, Supplies, etc. (1 course @ \$130)             |                        | 130.00                |
| Professional Liability Insurance @ \$66.00                             |                        | <u>\$66.00</u>        |
|  |                        | <b>\$196.00</b>       |
| <br><b>Other EMT Program Costs</b>                                     |                        |                       |
| Required Textbooks   |                        | \$136.00              |
| ANC Background Screening   |                        | \$50.00               |
| Hepatitis B Immunization/TB Skin Test                                  |                        | \$200.00              |
| CPR Certification Fee (if needed)                                      |                        | \$40.00               |
| Uniforms Shirts  |                        | \$60.00               |
| Supplies (pocket mask, stethoscope, penlight)                          |                        | <u>\$40.00</u>        |
|  |                        | <b>\$526.00</b>       |
| <br><b>Program Fees</b>  |                        |                       |
| State Criminal Background Check & Licensure application Fees           |                        | \$45.00               |
| Arkansas State and FBI Background Fee & EMT Licensure application Fees |                        | \$62.00               |
| National Registry Testing Fee EMT-Basic                                |                        | <u>\$80.00</u>        |
|  |                        | <b>\$187.00</b>       |
| <br><b>Total Program Projected In-County Cost:</b>                     |                        | <br><b>\$1,782.00</b> |

*\*Costs are estimated at time of document completion and are subject to change. Updated 08/2021*

**Arkansas Northeastern College  
Emergency Medical Technician Basic  
Application for Admission**

**Please complete and return this application to the Center in which you are applying:**

Arkansas Northeastern College

**Attention: EMS Director**

2501 South Division

P.O. Drawer 1109

Blytheville, AR 72316-1109

**Date of Application:** \_\_\_\_\_

**Date Received (Office Only):** \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street Number) (City) (State) (Zip)

Contact Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Completion of this information is optional for statistical purposes only and does not affect admission status.**

Age: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: Black \_\_\_\_\_ White \_\_\_\_\_ Spanish American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Semester applying for: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Name) (City) (State)

Colleges, Universities or other Schools Attended:

| <u>Institution</u> | <u>Dates Attended</u> | <u>Hrs. Attended</u> | <u>Degree (Type)</u> | <u>GPA</u> |
|--------------------|-----------------------|----------------------|----------------------|------------|
| 1. _____           |                       |                      |                      |            |

|          |  |  |  |  |
|----------|--|--|--|--|
| 2. _____ |  |  |  |  |
|----------|--|--|--|--|

Ever held a license in any healthcare profession? Yes \_\_\_\_\_ (Type \_\_\_\_\_) No \_\_\_\_\_

Have you ever been convicted of a Crime? \_\_\_\_\_

I acknowledge that all information provided is true and that misrepresenting the truth can lead to dismissal from the ANC Basic EMT Course. I understand that persons convicted of certain crimes may not be eligible to take the NREMT Certification Exam at the completion of the Basic EMT course. I understand that if I have questions or concerns related to this issue I should contact the ANC EMS Program Director at (870) 780-1221 or the Arkansas Department of Health and Human Services Section of Emergency Medical Services and Trauma Systems in Little Rock, AR at (501) 661-2262.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature (legible please)

\_\_\_\_\_  
Date

**Statement of Responsibility and Understanding  
Functional Categories  
Emergency Medical Service Programs**

**Please complete and mail with Application:**

Arkansas Northeastern College  
ATTN: EMS Director  
P. O. Box 1109  
Blytheville, AR 72316-1109

**Statement of Responsibility:**

The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the ANC Paramedic Program. Please sign and return to the EMS Director with your application for Paramedic Program.

- I have received and read the Information Guidelines for the EMT Program at Arkansas Northeastern College regarding admission policies and requirements.
- I acknowledge I have read, understand, and will abide by the policies and guidelines in the ANC Return to Campus Plan and any subsequent COVID-19 pandemic related updates and or announcements posted on the ANC Portal.
- I have read and understand the Functional Ability Categories, Descriptions, and Representative Activities and Attributes Statement.
- I understand that EMS is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. I understand that, if necessary and if I meet certain documentation requirements of a disability, I must contact ANC Student Services at (870) 762-3180 to request accommodations.

\_\_\_\_\_  
Name of Student **(Please Print)**

\_\_\_\_\_  
Signature **(legible please)**

\_\_\_\_\_  
Date

**ARKANSAS NORTHEASTERN COLLEGE  
EMT Program  
Request for Exception or Waiver**

**Please complete and mail:  
Arkansas Northeastern College  
ATTN: EMS Director  
Division of Allied Health  
P. O. Box 1109  
Blytheville, AR 72316-1109**

- \_\_\_\_\_ Extension of application deadline
- \_\_\_\_\_ Missing or incomplete immunizations by application deadline
- \_\_\_\_\_ Other requests/exception; please specify \_\_\_\_\_

**Explanation of Waiver Request (must be completed, attach additional documentation as needed or requested):**

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This form is provided only for applicants who anticipate that one or more of the minimum requirements for admission into the EMT program may not be fulfilled by the application deadline. This form will be reviewed by the EMS Director along with your application. **Completion of this form does not guarantee approval of the request.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Email address: \_\_\_\_\_

**FOR EMS OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE**

Review Date: \_\_\_\_\_  Approved  Disapproved

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMS Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean for Allied Health: \_\_\_\_\_ Date: \_\_\_\_\_

Student Notified of Determination: \_\_\_\_\_