Arkansas Northeastern College
Emergency Medical Technician (EMT)
Pre-EMT Advising Check-off List 2015-2016

Student Name: ___________________________________   Student ID #: _______________________

All Pre-EMT students are assigned the Nursing & Allied Health Advising Specialist to be their Advisor until they have been accepted into the EMT Course. The Advising Specialist may schedule both group and individual sessions with prospective EMT students to ensure College and EMS Admission guidelines are provided and explained. The EMS Director will be responsible for the selection and notification of students accepted into the EMT Program. It is the applicant’s responsibility to make sure that ANC receives all necessary applications, Immunization and required documentation as outline in the Information Packet.

Once the following Pre-EMT Advising Checklist is completed, the Advising Specialist will submit to the EMS Department for inclusion in the student’s file. Please use this checklist to ensure that you have completed the requirements to be considered for the Emergency Medical Technician Course:

1. Complete admission requirements for enrollment into Arkansas Northeastern College.
   _____ Complete ANC Application and submit to Admissions in the Registrar’s Office.
   _____ Submit a high school transcript or GED (with scores) to the registrar’s office and a copy to the Emergency Medical Services (EMS) Department.
   _____ Submit official transcripts from any college(s) previously attended to the registrar’s office for evaluation and unofficial copies to the EMS Department.
   _____ Complete placement testing (COMPASS, ASSET, ACT), submit copy to EMS Department.
   _____ Submit proof of Immunizations (including: MMR, Hepatitis B consent/waiver, TB skin test or chest x-ray) to Registrar’s Office and a copy to EMS Department with application or at orientation session.

2. Complete admission requirements for enrollment into the Basic Emergency Medical Technician Course.
   _____ Meet with the Nursing & Allied Health Advising Specialist for advisement.
   _____ Complete Application for Admission to the EMT Course and submit to the ANC Main Campus, Attention EMS Director.
   _____ Read and sign understanding of the EMS Functional Ability Categories and submit with EMT Application for Admission.
   _____ Attend mandatory orientation session as scheduled by invitation. Orientation session will include the following agenda:
     _____ Review of Basic EMT Course requirements and admission criteria.
     _____ Sign “Letter of Intent” to attend and register for the EMT Course.
     _____ Submit proof of immunizations.
     _____ Complete and submit the “Health Data and Medical History Form”.
     _____ Submit copy of valid driver’s license.
     _____ Review instructions for registering for EMT Course.
     _____ Receive Textbook list for EMT course.
     _____ Receive Supply list for EMT course.
3. **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. Applicants who have completed the general ANC application, the EMT course application, submitted transcripts and immunization records, and meet the minimum required scores on the ACT, ASSET or COMPASS will be invited to a mandatory EMT orientation session. This session is scheduled to assist students by providing course information, answering any questions regarding the EMT course curriculum and confirm the class selection. Students will be enrolled in the EMT class following the orientation and after signing the “Letter of Intent” to accept admission in the course. If there are more applicants that meet minimal admission criteria than seat availability, selection will be based on ranking applicants according to admission scores (ACT or ASSEST or COMPASS) and GPA on any previous College course work completed.

**Advising Comments:**

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**Upon completion of the Pre-EMT Advising Checklist, please sign as indicated.**

__________________________  ________________________________
Student Signature            Advising Specialist Signature

__________________________  ________________________________
Date                        Date

*Advising Specialist will submit completed Checklist to the EMS Department for inclusion in student’s file.*