The following documents are required to be completed and returned as part of the EMS readmission application process. Readmission is for students previously admitted and enrolled into the EMT-I or EMT-P Program.

1. Program Readmission Form
2. Criminal Background Statement
3. Agency Recommendation Form
4. Request for College Credit for Emergency Medical Technician Training (if it has been over two years since your first EMT-I or EMT-P class)
Emergency Medical Services
EMT – I

Program Readmission Form

☐ It has been less than two years since my first EMT-I/P class.  ☐ It has been longer than two years since my first EMS-I/P class.

Date of Application
If current student, Student ID#; or SSN

First Name   MI   Last Name
Date of Birth

Legal Physical Address
City, State, Zip

Mailing Address
City, State, Zip

☐ This is a cell.
☐ I can accept text messages

Daytime Telephone Number

Day or Night Classes:
(Select One)
☐ Day Classes  ☐ Night Classes

I acknowledge that if I am accepted into the Emergency Medical Services (EMS) Program, I will receive an EMS acceptance letter. Furthermore, I understand that I must return that letter stating my agreement to begin the EMS program during the upcoming Summer II academic semester. If I do not return the acceptance letter, I understand that my application will be considered withdrawn, and I will be required to re-apply for consideration of future admittance into the program.

______________________________
Applicant’s Signature
CRIMINAL BACKGROUND STATEMENT

I, ____________________________________________, understand that a felony conviction may prohibit state and national certification, admission into the emergency medical services program at Wor-Wic Community College, and employment in the emergency medical services field.

Please read and check for agreement:

☐ I attest that I have never been convicted of a felony charge.

☐ I attest that I have never been convicted of, or pled guilty to, pled nolo contendere to, or received probation before judgment with respect to any crime other than a minor traffic violation, the record of which has not been expunged.

If I have falsified any information on this form and am accepted into and graduate from the emergency medical services program at Wor-Wic Community College, I am aware that I may not be able to obtain certification or employment in the field.

________________________________________    ____________________
Signature                                      Date
Student Name: ____________________________  Date: ____________________

Current Certification (select one):
- [ ] EMT
- [ ] NREMT
- [ ] CRT

Current Affiliation (select one):
- [ ] I certify that I am currently affiliated with a state approved EMS agency.
- [ ] I certify that I am NOT currently affiliated with a state approved EMS agency.

If candidate does not have a current affiliation, complete Instructor Verification Section only.

Student Signature: _____________________________________

AGENCY VERIFICATION (To be completed by the company senior EMS officer)
I verify that the candidate named on this form is currently an active member/provider holding membership with this company as of this date. This company approves of this individual’s participation in the EMS Program.

_________________________________________   _____________________
Signature of Senior EMS Officer                         Date

_________________________________________
Printed Name & Title of Senior EMS Officer

Daytime phone number

QA VERIFICATION (To be completed by the company QA officer)
I verify that the candidate named on this form has no quality concern issues or protocol errors that would prevent him/her from participating in EMS training.

_________________________________________   _____________________
Signature of QA Officer                         Date

_________________________________________
Printed Name & Title of QA Officer

Daytime phone number

INSTRUCTOR VERIFICATION (To be completed by Wor-Wic EMS program faculty)
I verify that the candidate named on this form has successfully completed EMS 101 and EMS 151 as of this date, and I approve of this individual’s participation in EMS training.

_________________________________________   _____________________
Signature of EMS Instructor                         Date

_________________________________________
Printed Name

Daytime phone number
REQUEST FOR COLLEGE CREDIT FOR
EMERGENCY MEDICAL TECHNICIAN TRAINING

Name ______________________________________________________________________

College ID or Social Security Number __________________________________________

Address ______________________________________________________________________
                                                                                     __________________________________________

Telephone#_____________________________________________________________________

REQUEST COLLEGE CREDIT FOR:

<table>
<thead>
<tr>
<th>Training</th>
<th>College Course and Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMS 151 Emerg. Med. Tech Basic II 4 Cr.</td>
</tr>
<tr>
<td>Cardiac Rescue Technician – Intermediate</td>
<td>EMS 201 Intro. to EMS Practice 3 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 207 Pat. Asst. and Trauma ER I 3 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 208 Emergency Cardiology 3 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 212 Medical Emergencies I 3 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 213 Special Populations I 3 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 215 Prep. For EMT-I Cert. 1 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 261 EMT-I Field Experience 2 Cr.</td>
</tr>
<tr>
<td>Paramedic</td>
<td>EMS 240 Crisis Operations 2 Cr.</td>
</tr>
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<td></td>
<td>EMS 241 Trauma Emergencies II 2 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 242 Medical Emergencies II 3 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 243 Special Populations II 1 Cr.</td>
</tr>
<tr>
<td></td>
<td>EMS 255 Prep. for EMT-P Cert. 2 Cr</td>
</tr>
<tr>
<td></td>
<td>EMS 262 EMT-P Field Experience 2 Cr.</td>
</tr>
</tbody>
</table>

DOCUMENTATION NEEDED FOR CREDIT FOR:

EMT, EMT-I/CRT-I and/or EMT-P students must present a copy of their current national or state certificate(s) which may be from any U.S. state certifying agency. (Please attach)

CREDIT IS GRANTED ONCE:

The student successfully completes at least one three-credit college level course at Wor-Wic Community College.

Administrative Approval Signature ___________________________ Date ___________________________

SUBMIT FORM WITH DOCUMENTATION TO THE ADMISSIONS OFFICE

Revised 2/2014