

Emergency Medical Technician Program

Course Application

N	Name		
	(Last)	(First)	(Middle Initial)
E	Email	Phone	
			123.345.6789
St	<u>tudents Services document</u>	<u>ation only:</u>	
St	udent demonstrates readiness for	EMT 151 by :	
	 Successful placement testi these courses. 	ng at the level of WR 121 and	Math 70 or previous completion of
	2. Demonstrated readiness b	y:	
	3. Date registered for class: _		
	Forward completed applicati	on to Kasey Lanning, EMT Pr	ogram Lead after student is
	registered for class(es). See c	ourse needs for EMT pathway	y, one year cert. or AAS ERO-EMT.
			,
	<u>Student Requir</u>	ements to Enclos	<u>e in Application:</u>
\Diamond	Provide documentation you (student) will be 18 years of age by class start date.		
\Diamond	Provide copy of high school diploma or equivalent (diploma/transcript).		
\Diamond	Provide a copy of a <u>CURRENT</u> American Heart Association (AHA) or American Red Cross Healthcare Provider Card (HPC).		
	udent understands they will need turing their first term:	o begin to gather documenta	tion for the following and provide
•	2 step TB skin test (T-spot and Q	uantiferon Gold are acceptab	le)
•	Vaccines:		
	MMR (series of 3)		
	Varicella (series of 2)		
	Tdap (booster within 10 year	s—must have pertussis)	
	Hepatitis B (series of 3)		

* Students will be required to submit to a 10 panel <u>urine drug screen</u> and <u>criminal background</u> <u>check</u> during their first term of the program. Information will be provided on the first day of class.



Complete and submit completed application including copies of student requirements to admissions@klamathcc.edu, or drop off at:

Admissions (Building 9, 7390 S. 6th Street, Klamath Falls, OR 97603).

