

**Volunteer State Community College
Application to the Paramedic Program**

Application Deadline: March 31, 2012

NAME: _____
Last First MI Birth Date Age

HOME ADDRESS: _____
Street or P.O. Box City State Zip Code

E-MAIL ADDRESS: _____

HOME TELEPHONE: (____) _____ CELL TELEPHONE: (____) _____
AC Number AC Number

TN EMT Certification Number: _____ Current EMT Certification Expiration Date: _____

Months of Experience as EMT: _____

National EMT Registry Number: _____ Expiration Date: _____

<u>COLLEGE OR EDUCATIONAL PROGRAMS ATTENDED</u>	<u>DATES</u>	<u>MAJOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT WORK EXPERIENCE: Company Name: _____
Address: _____
Supervisor: _____
Dates Employed: _____ Shift: _____

OTHER CREDENTIALS OR LICENSES: (IE: BTLS, IV, BLS Instructor, RN, etc.)

<u>NAME</u>	<u>DATE RECEIVED</u>	<u>NUMBER</u>	<u>EXP. DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby attest that the information above is true and accurate to the best of my knowledge.

I hereby authorize and direct any employers, educators, and associates to release any information requested by Volunteer State Community College for the purposes of my entrance into the Emergency Medical Technician-Paramedic class or my certification.

I understand it is my responsibility to maintain this information current with both the Office of Admissions and the EMT-Paramedic Program Department throughout my academic tenure.

SIGNATURE OF APPLICANT: _____ DATE: _____

**RETURN TO: Volunteer State Community College
EMT/Paramedic Program
ATTN: Tammy Swindle
1480 Nashville Pike
Gallatin, TN 37066**