

Jones County Junior College

Department of Emergency Technology Application for Admission

Please select one method to return all requested materials:

Email: EMTParamedic@jcc.edu

Mail: Jones College EMS Department, 900 South Court Street, Ellisville, MS 39437

Dropoff: EMS Technology Office, Allied Health Center, Room 217

Indicate the program you are applying for:

You MUST be a Nationally Registered EMT to apply for the paramedic program.

Are you 18 years of age?

You MUST be 18 to test for NREMT Certification

Personal Information

Full Legal Name					
	Last Name		First Name		MI
Current Address				Preferred EMAIL	
	Street Address				
SSN					Preferred Phone Number
	City	State	ZIP Code		

Logistical Information

Travel time to Jones (Hours):		Travel Distance to Jones (Miles):	
Do you have prior obligations that would cause you to miss class?			
If yes, explain:			
Do you plan to work during your enrollment in EMT or Paramedic school?			
<i>If yes, list your scheduled hours:</i>	Thursday:		
Monday:	Friday:		
Tuesday:	Saturday:		
Wednesday:	Sunday:		
Do you plan to attend another school or take other classes during EMT or Paramedic school?			
<i>If yes, please attach a copy of your class schedule with class days and times.</i>			
Have you ever been enrolled in another Emergency Technology program?			
If yes, what is the name of the program.			
<i>Paramedic applicants should answer yes and list the program leading to NREMT certification.</i>			
Have you ever been convicted of a felony?			
<i>If yes or other, please explain. (Anything that may cause a returned background check should be listed also even if it was not a conviction.)</i>			

Emergency Contact Information

Primary Emergency Contact

Name:		Relationship:	
Primary Phone Number:		Mailing:	
Secondary Phone Number:			

Secondary Emergency Contact

Name:		Relationship:	
Primary Phone Number:		Mailing:	
Secondary Phone Number:			

Educational Background

High School

School Name:		Last Date Attended:	
Diploma Awarded?		If no, date GED obtained?	

College or Technical School #1

School Name:		Last Date Attended:	
Degree Awarded?		Degree Obtained (AA, BS, Etc...)	

College or Technical School #2

School Name:		Last Date Attended:	
Degree Awarded?		Degree Obtained (AA, BS, Etc...)	

College or Technical School #3

School Name:		Last Date Attended:	
Degree Awarded?		Degree Obtained (AA, BS, Etc...)	

Transcripts for each school must be provided. High school transcripts are not required unless being used as proof of ACT scores or less than 12 semester hours of college work has been attempted.

Academic History

ACT Scores		College Courses			
Composite		Course	Grade	Course	Grade
English		Anatomy and Physiology I		English Composition I	
Math		Anatomy and Physiology I Lab		English Composition II	
Reading		Anatomy and Physiology II		Speech	
Science		Anatomy and Physiology II Lab		Psychology/Sociology	
<i>Composite ACT Score must be 16 or higher. TABE scores are no longer accepted.</i>		College Algebra		Principles of A&P I	
		Intermediate Algebra		Principles of A&P II	
		Biology I/Principles of Bio I		West. Civ. I/Amer. Hist. I	
		Biology II/Principles of Bio II		West. Civ. II/Amer. Hist. II	
		Art/Music Appreciation		Human Growth and Dev.	

Only note "C" or higher for grades

Current Employer

If unemployed, list the most recent employer.

Company:		Supervisor:	
Phone #		May we contact them?	

References

Do not list family members. Three references are required. If you consent to your employer, list two more below.

Reference #1

Name:		Years Known:	
Phone #		May we contact them?	

Reference #2

Name:		Years Known:	
Phone #		May we contact them?	

Reference #3

Name:		Years Known:	
Phone #		May we contact them?	

Military Experience

Service Branch:		Years of Service:	
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Statement of Non-Discrimination and ADA Compliance

Jones County Junior College does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, activities, or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: (ADA/ Section 504) Dr. Kisha Jones, ADA Coordinator, Student Affairs, phone 601-477-2673; email ADACoordinator@jcc.edu and (Title IX) Dr. Tessa Flowers, Title IX Coordinator, Asst. VP of Student Affairs, Hutcheson Hubbard Administration Building, phone 601-477-4845; email tessa.flowers@jcc.edu. Jones County Junior College, 900 South Court Street, Ellisville, MS 39437.

Accreditation Statement

The Jones County Junior College Emergency Medical Technology Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Accreditation Contact Information

To Contact CaAHEP:
25400 US Highway 19 N., Suite 158
Clearwater, FL 33763 www.caahep.org



To Contact CoAEMSP:
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088
(214) 703-8445
FAX (214) 703-8992
www.coaemsp.org

Personal Narrative

In the space provided below, please tell us about yourself. Include your reasons for wanting to enter the Emergency Technology Program, your plans if you are accepted in the program, and any additional information that you may want to include. You may include a separate typed document if you wish.

Health Questionnaire and Physical Examination

To be completed by the applicant

Full Legal Name			
	Last Name	First Name	MI
Current Address	Street Address		Regular Physician
SSN			Physician Phone Number
	City	State	ZIP Code

Medical History

To be completed by the applicant

Condition	Yes	No	Condition	Yes	No
Epilepsy			Stomach Trouble		
Fainting			Back Trouble		
Heart Trouble			Operations		
Cancer			Asthma		
Accidents			Kidney Trouble		
Spinal Injury			Diabetes		
Mental Trouble			Menstrual Trouble		
Rheumatism			Tobacco Use		
Nervousness			Other Conditions		
High Blood Pressure			Allergies		

Please explain any yes answers or conditions listed as "other."

To be completed by MD, DO, NP, or PA

Date of Exam			Temperature	
Height			Pulse	
Weight			Respirations	
General Condition			Blood Pressure	

System	Normal	Abnormal	If Abnormal, Comments:
Skin			
EENT			
Heart			
Lungs			
GI			
GU			
Neuro			
Muscle			
Skeletal			
ROM			
Other			

Physician Summary and Certification

To be completed by MD, DO, NP, or PA

Summary of Findings

I hereby certify that I have examined the above applicant and the above is a complete and accurate assessment of my examination. I hereby state that this applicant is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Provider Signature

Medical License Number

I hereby authorize the information contained herein to be released to Jones County Junior College for such purposes as they may desire, without prejudice to them. This information is to be kept in their confidential files. I understand that any false information I give for this record may result in the immediate termination of my enrollment in the program.

Applicant Signature

Date

Information Release Form

I certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I authorize the companies, schools, or persons named herein to give information regarding my employment, character, and qualifications, together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if enrolled, cause my immediate dismissal.

My health information will be recorded on the medical report form supplied by the Emergency Technology Program and returned to the Program Director prior to the specified date. If selected for entry into the program, I agree to submit myself to a physical examination, by my physician, at my expense.

If accepted into the program, I authorize the school to release to perspective employers my information regarding my enrollment with the school or the information set forth in this application or gained by the school from any other companies, schools, or persons named in this application to give information regarding my employment, character, qualifications, and information they may have, regarding me, whether or not it is in their records. I hereby release the school from all liability for any damage for issuing this information.

Signature

Applicant Signature _____

Date _____

Checklist

Prior to Interview

- Apply for Admission to Jones College
- Attach Copy of Jones College Acceptance Letter
- Complete Application to Jones EMT-Paramedic Department
- Attach Copy of ACT Scores (HS Transcript w/ Scores is Acceptable)
- Attach Copy of AHA CPR Certification (Paramedic only)
- Attach Copy of Driver's License
- Attach Copy of Immunization Records
- Attach Copy of TB Skin Test Results

After Acceptance

- Officially Accept Admission via Email
- Begin Hep B Series/Prove Immunity
- Obtain or Prove TB Test (<12 Months Prior)
- Physical Examination
- Make Financial Arrangements
- Purchase Uniforms

All documentation must be provided directly to us. We will not access the documents you have sent to Jones Admissions.

You may turn in pages 1-4 to begin the application process; however, you must turn in pages 5-7 and all supporting documents, transcripts, or other records prior to the interview date.