

PARAMEDIC PROGRAM APPLICATION

(TENNESSEE LICENSED EMTs ONLY)

Application date- _____ **(Application valid for one year only.)**

I. Personal Information (please print)

Name _____ SS # _____

Street Address _____ Home Phone _____

City, State, Zip _____ Alternate/Work Phone _____

II. Employment/Licensure

Current Employer _____ Position _____

() Currently licensed as a TN EMT # _____ Length of Employment _____

III. Educational Background

High School Attended:

Date of Graduation Or Date of GED:

College: List all colleges attended & dates attended.
(Attach transcripts.)

IV. Optional Information

Previous Employer _____ Dates _____

Related Medical Experience _____

If accepted into the program each student will be required to submit to drug testing and background checks, at student's expense, prior to the clinical portion of the program. Findings or results may interfere with student clinical placement and/or program status.

Completed application and required materials should be mailed to :

EMT/Paramedic Program Director
Jackson State Community College
2046 North Parkway
Jackson, TN 38301

Jackson State Community College does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability, in employment or provision of educational services.