



South Plains College Paramedic Application for Admission

Applicant Information

Please complete (type) all areas

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Social Security: _____

Email: _____ Student ID# _____

Have you ever taken any EMS courses at SPC before? Yes No If yes, when? _____

National Registry # _____ State Licensure # _____

Education

Please include all colleges, universities, vocational schools, allied health schools attended (including SPC)

Institution: _____ City & State: _____

Credits: _____ Did you graduate? _____ Degree Earned: _____

Institution: _____ City & State: _____

Credits: _____ Did you graduate? _____ Degree Earned: _____

Institution: _____ City & State: _____

Credits: _____ Did you graduate? _____ Degree Earned: _____

Current State and/or NR #: _____

Disclaimer and Signature

-Students in the SPC Paramedic Program who may have a criminal background, please be advised that the background may keep you entering the program due to clinical site policies or obtaining certification/ licensure. Students who have a question regarding their background, please speak with the Program Coordinator or the Department Chair.

-I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is caused for denial of admission or expulsion from the college. I understand that the information contained in this application will be read by the faculty and staff of the South Plains College Paramedic Program.

Signature: _____ Date: _____

Instructions to submit form.

Click print, change printer from your default printer to PDF. This will save the completed form to a PDF on your computer. Please email completed form to jbraddock@southplainscollege.edu