

**EMERGENCY MEDICAL SCIENCE (AAS)** 

Health Science Program Application Packet Checklist 2024/25 AY

## ADMISSION INFORMATION: (Please print legibly.)

Name:		Student ID#:				
Address:		City:			Zip:	
Cell Phone:			Additional Phone:			
		Preferred email address:				
NOTE						
NOTE: verify completion of the following before submitting the Admission Packet Checklist: <ul> <li>Application to the college (completed online through CFNC for Nurse Aide Diploma D45970).</li> </ul>						
• He	ealth Sci	cience Program Interest Form completed online indicating Emergency Medical Science.				
o <b>O</b> t	fficial Tra	ial Transcripts: (List all schools attended. Attach additional pages if needed).				
	□ High School or Equivalent:					
	College			College:		
	College	<u>:</u>		College:		
			a hay fa	r English one k	ov for math)	
ADMISSION REQUIREMENTS: (Please check one box for English, one box for math)						
<ul> <li>Academic Readiness in English and Math:</li> </ul>						
<ul> <li>ENGLISH Equivalents (Check only one box that best meets the requirement):</li> </ul>						
Placement Test completed (RISE, NCDAP or ACCUPLACER) within 12 months of starting semester with						
ENG-111 placement. Date taken (must be within 12 mo):						
	Comple	eted ENG 011 or ENG 002 with grade of P	, or equiv	alent		
	Comple	eted ENG-111 or equivalent. Equivalent C	Course:	C	College:	
	<ul> <li>MATH Equivalents (Check only one box that best meets the requirement):</li> </ul>					
Placement Test completed (RISE, NCDAP or ACCUPLACER) within 12 months of starting semester with						
MAT-110 or higher placement. Date taken (must be within 12 mo):						
	Comple	eted MAT 010 or MAT 003 with grade of F	P1, or equ	ivalent.		
	Comple	eted MAT-110 or higher, or equivalent. C	ourse:		College:	
ADD	ITIONA	L REQUIREMENTS				
🗆 Fall Term Start <b>(All Students)</b> 🗆 Spring Term Start <b>(EMT Basic or EMT Bridge Students Only)</b> 🗆 Summer Term						
Start	(EMT Bri	dge Students Only)				
EMT Basic Certification (Spring Start): Expiration Date:						
□ Advanced EMT Certification (Bridging Only): Expiration Date:						
	-	he information provided by me on this f lerstand that I have read and understand				
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Student Signature

Date