_____ Student ID #

EMERGENCY MEDICAL SCIENCE - BRIDGE PROGRAM

Fall 2020 Candidate Review Form

PLEASE TYPE OR PRINT CLEARLY.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

FULL Name: _____
(First) (Middle/Maiden) (Last)

Address: _____

City/State/Zip: _____

County of Residence: _____ How long have you lived in this county? _____

Home Phone: _____ Cell Phone: _____

RCC Email: _____

Personal Email: _____

CURRENT ACADEMIC INFORMATION

Are you currently enrolled at a college or university (including RCC)? ☐ Yes ☐ No

College or university currently attending: _____

(If you are attending a college other than RCC, please note you will be REQUIRED to submit an official final transcript showing grades received immediately after the semester has been completed. Failure to do so may result in automatic ineligibility.)

Please list courses in which you are currently enrolled:

PREVIOUS HEALTH SCIENCE PROGRAM INFORMATION

Excluding your EMS training, have you previously attended or completed a health science program (nursing, respiratory therapy, surgical technology, phlebotomy, etc.)?

☐ No ☐ Yes *(if yes, please answer questions below)*

Name of health science program: _____ Dates attended:

Name of school attended: _____ _____

Did you complete the program? ☐ No ☐ Yes

If no, reason for non-completion: If yes, date completed: _____

2020 EMS Bridge Application Deadline: Monday, August 3, 2020 at 4pm

Rockingham Community College has the right to change curriculum and admission requirements without prior notice.

Minimum Admissions Requirements Check Sheet

DO NOT FILL OUT THIS PAGE!

To be completed by the Assistant Director of Enrollment Services in the Whitcomb Student Center.

Notes (Staff Use Only)	Requirements	Verification (Staff Use Only)
	Candidate has a *RCC Application for Admission* on file in the Admissions Office.	_____ Application Complete
	Official High School/GED and **ALL** College transcripts are on file in the Admissions Office. **Official transcripts are required.** Transcripts must include paramedic education program.	___HS/GED only ___HS/GED/College
	Current curriculum English and math placement test scores (or waiver) on file with the Admissions Office.	____ Verified by Admissions Staff
	Candidate is in Satisfactory Academic Standing with Rockingham Community College (at least a 2.0 RCC GPA or higher).	____ Verified by Admissions Staff
	Candidate has provided documented evidence of 500 hours of patient contact at the paramedic level. Letter must be signed by the director of the EMS agency with with the candidate is affiliated.	____ Verified by Admissions Staff
	Candidate has provided two (2) letters of recommendation from an EMS agency on agency letterhead.	____ Verified by Admissions Staff
	Candidate has submitted a copy of the paramedic education transcript and all current certficiations: ☐ North Carolina EMT-Paramedic or National Registry Paramedic ☐ Current Healthcare Provider CPR certification or equivalent ☐ Current Advanced Cardiac Life Support (ACLS) certification or equivalent ☐ Current Pediatric Advanced Life Support (PALS) certification or equivalent ☐ Current Pre-Hosiptal Trauma Life Support (PHTLS) or International Life Support (ITLS) certification or equivalent ☐ Current North Carolina driver's license	____ Verified by Admissions Staff

FINAL APPLICATION STEP:

After submitting the Candidate Review Form, candidates must schedule an appointment to meet with Jason Collins, EMS Program Director. *Applicants must met with Jason Collins prior to admission to the program.*

JASON COLLINS
Program Director, Emergency Medical Services
collinsj1503@rockinghamcc.edu
(336) 342-4261 ext. 2111

Your signature on this document indicates that the information on this application is correct and that you have read and understood the complete admissions information on the Health Sciences webpage.

Student Signature: _____ Date: _____

Signature of Admissions Staff completing form: _____ Date: _____

2020 EMS Bridge Application – Deadline: Monday, August 3, 2020 at 4pm

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