



Emergency Medical Services Programs Non-Degree Application

(Please **Print** in all fields)

PRINT Name: _____
First Middle Initial Last

Mailing Address _____

City: _____

State and ZIP _____
 County of _____
 Residence: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____
*(required)

• Have you previously attended SCCC? ___ Yes ___ No
 If yes,
 - **Student ID #** _____
 - **If attended with a different name, provide name:** _____

• Citizenship: United States of America ___ Yes ___ No
 If **not** Alien Reg# _____
 _____ Country _____

• Gender: ___ Male ___ Female

• Date of Birth: ____ / ____ / ____

• Social Security Number: _____ - _____ - _____
(optional)

Course Selection:

Course # & Section	Course Title (e.g. English Composition)
____ - ____ - ____ - ____	EMT Basic Certification
____ - ____ - ____ - ____	EMT Refresher (Fall Course ONLY)
____ - ____ - ____ - ____	CFR – Certified First Responder

Signature: _____ **Date:** _____