

# THREE RIVERS COLLEGE

## Admission Application for EMS PROGRAMS

Mail application to: Three Rivers College, 2080 Three Rivers Blvd, Poplar Bluff MO 63901  
Phone: 573-840-9672 Fax: 573-840-9055

Please clearly mark the desired program of study. Official transcripts must accompany application or be on file in Enrollment Services.

Emergency Medical Technician (EMT)

- You must take application to the EMS Office (Robert Plaster Free Enterprise Center office 221).
- Applications are not processed or considered complete until the application is received in the EMS Office.
- Admission criteria are published in the current on-line college catalog.
- **Completion of this application does not constitute admission to the program of study.**

### Personal Information

Please Print Clearly in Ink.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First Middle Initial Maiden  
Address \_\_\_\_\_  
Street City State Zip County of Residence  
Home Phone \_\_\_\_\_ Work/School \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Resident of Three Rivers College District? \_\_\_yes \_\_\_no

### Education Background Information

Name of High School \_\_\_\_\_  
City State  
Graduated High School (year) \_\_\_\_\_  
GED (year) \_\_\_\_\_  
Score City State  
Other College/University \_\_\_\_\_  
Name of School City/State Dates Attended #Credit Hours/Degree Earned  
Other College/University \_\_\_\_\_  
Name of School City/State Dates Attended #Credit Hours/Degree Earned

**Note: EMS program applicants must be at least 18 years of age before the first day of class. The completed application and the following must be on file in the Allied Health Office the application deadline:**

- Copy of valid Mo driver's license
- Copy of CPR card

I certify that I am physically and mentally able to perform the usual duties and functions (with reasonable accommodations if necessary) of an Emergency Medical Technician and that all the forgoing information is correct. I understand that if any of the above facts have been misrepresented, it will be sufficient cause for being declared non-eligible or being dismissed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date