



APPLICATION FOR ADMISSION
EMERGENCY MEDICAL TECHNICIAN PROGRAM

NUNEZ COMMUNITY COLLEGE
Health & Natural Science Division
3710 Paris Road
Chalmette, LA 70043
Phone: (504) 278-6380 Fax: (504) 278-6381
www.nunez.edu

Please type or print

Year for which you are applying: Spring (Jan.) Summer (June) Fall (Aug) Year: _____

Have you applied to Nunez: ☐ Yes ☐ No LOLA #: _____

Last Name: _____ First _____ Middle _____ Maiden _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____
Address/Street/Apt # City State Zip

Mailing Address: _____
Address/Street/Apt.# City State Zip

Cell Number: _____ Email Address: _____

Emergency Contact: _____
Name Phone

U.S. Citizen ☐ Yes ☐ No If no, type of visa: ☐ Permanent ☐ Resident ☐ Student ☐ Alien

Gender: ☐ Female ☐ Male

The following information is requested for statistical purposes only:

Ethnic Background

- | | |
|---|-----------------------------------|
| ☐ Caucasian | ☐ Black |
| ☐ Native American | ☐ Hispanic |
| ☐ Asian/Pacific Islander | |

List all schools/colleges attended, regardless of whether credit or a degree was earned Failure to acknowledge attendance at a school/college/university will result in dismissal from the program.

Schools Attended

Date Completed/Degree Earned

High School (or GED): _____

College: _____

Have you ever been dismissed/suspended from a college/program? ☐ Yes ☐ No

If yes, give the name of school/program, reason for action taken, and date _____

Have you ever been enrolled in a health-related education program, including any program taken at Nunez Community College? ☐ Yes ☐ No

If yes, please provide the following

Name of school/program	Type of program	Dates of enrollment	Did you complete?
	EMR ☐ EMT ☐ AEMT ☐ Other ☐	_____	Yes ☐ No ☐
_____	EMR ☐ EMT ☐ AEMT ☐ Other ☐	_____	Yes ☐ No ☐
_____	EMR ☐ EMT ☐ AEMT ☐ Other ☐	_____	Yes ☐ No ☐

Have you ever applied to this program before? ☐ Yes ☐ No If yes, when? _____

Are you a member of the Military: ☐ Yes ☐ No
☐ Active ☐ Retired ☐ Veteran

Are you currently employed as an EMR: ☐ Yes ☐ No

Where are you employed and what type of schedule do you work: i.e. full/part-time, 223, 5 on 5 off, day/night/Flex. _____

I certify that all responses, and/or explanations in this application are true and to the best of my knowledge.

Signature

Date