METROPOLITAN
COMMUNITY COLLEGE

EMT – Emergency Medical Technician Certification (HLTH 1100)
Course Registration

Complete the information below and attach a copy of your current CPR certification card. The card should say Healthcare Provider from American Heart Association or CPR for the Professional Rescuer from the American Red Cross. If it does not, the student will have to complete CPR certification necessary for enrollment into **HLTH 1100.**

Students are required to complete a Background Check Form and turn it in with the course registration form. This form MUST be done before class begins.

***CPR completion is a requirement to register for EMT*. EMT applicants will be required to complete the COMPASS Assessment Test for English and Math to be eligible to register for this class. These tests are not required if the student has completed English Composition I or Applied Math, Intermediate Algebra, or College Algebra.**

Upon completion of paperwork, return to Metropolitan Community College, Health and Public Services, P.O. Box 3777, 68103 or drop off at any Metro Student Services office. Information can also be faxed to Health and Public Services office, 402-738-4793. If you have questions concerning this process, contact Tina Pebley, Enrollment Associate, South Omaha Campus, Mahoney Building, Room 519, 402-738-4791.

SECTION Number you are registering for: Number: _____ (exp. 4A, 7A etc.) Location: _____ (exp. SOC, FOC etc.) Quarter: _____ (exp. Winter, Spring etc.)

Please print or type information requested below:

Name: _____
Last First Middle (other last names used)

Social Security, Metro ID Number, or I-94 Number _____

Complete Address _____

_____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

EDUCATION (Check as many as apply): **Name of High School** _____

❑ High School Diploma ❑ GED Date of HS Graduation or GED Completion _____

GENDER: ❑ Male ❑ Female **Are you a U.S. citizen?** [ ] yes [ ] no

RACIAL/ETHNIC GROUP: *Federal Law requires Metropolitan Community College to report the ethnicity of all U.S. citizens and resident aliens in the following categories. Information requested in this section is not a requirement for admission but will be used for statistical purposes only.*

Are you Hispanic/Latino? ❑ Yes (HIS) ❑ No (NHS) -- If you chose no, please select one or more race groups below:

❑ American Indian –Alaska Native (AN) ❑ Asian (AS) ❑ Black or African American (BA)
❑ Native Hawaiian-Pacific Islander (HP) ❑ White (WH)

I certify that the information on this application is complete, accurate, and true. Further, I agree to abide by the policies of Metropolitan Community College. I understand that any information given falsely or withheld may make me ineligible for admission and/or enrollment.

_____ _____
Signature Date **Updated**

12/11/12 -- tmp