IN THE PURSUIT OF EXCELLENCE

Southeast Arkansas College
1900 Hazel Street
Pine Bluff, Arkansas
71603
PROGRAM DESCRIPTION

Emergency Medical Sciences Programs offer a variety of options pertaining to emergency medical services including medical legal/ethical aspects, patient assessment (Basic and advanced levels), care of wounds and fractures, general trauma, airway maintenance (Basic and Advanced), patient transportation (Including MICU and specialty transports), medical and environmental emergency, childbirth, and extrication. The program prepares graduates for employment with ambulance services and in acute emergency facilities. Graduates are eligible to apply to take the examination for National and State Certification at multiple levels.

APPLICATION PROCEDURE AND DEADLINE

Class size is limited and all applicants are not selected for participation. Students are encouraged to contact the Allied Health Program Coordinator at the first opportunity for advisement. Applicants must have a High School (or GED equivalency) Diploma.

Application Deadline: Classes are held each semester. The selection process for admission is open through general registration and is based on first come first enrolled until class capacity is reached. Only students who meet special admission requirements will be allowed to register.

All applicants shall have equal opportunity regardless of race, age, sex, creed, religion, or nationality.

Applicants with special needs due to disability must make this fact known prior to admission so that necessary accommodations can be made. Because of the nature of the profession, it may not always be possible to accommodate students with severe disabilities.

SPECIAL ADMISSION REQUIREMENTS

1. High School (or GED equivalency) Diploma
2. Completion of competency testing in Reading (ACT or COMPASS) Minimum scores for ACT Reading 19; COMPASS Reading 83, Accuplacer score of 78 or successful completion of a course in Developmental Reading with a grade of “C” or better.

The above information must be submitted to:
Southeast Arkansas College
Nursing & Allied Health Technologies Division
1900 Hazel Street
Pine Bluff, Arkansas 71603

ACCEPTANCE PROCEDURE: Should qualified applicants exceed the available slots in the program, admission into a particular class will be based on the date of completed application. Upon acceptance into the Emergency Medical Technology Program, the student must submit the following in order to begin classes:

2. Functional Ability acknowledgement form
3. P.P.D. Skin Test or Chest X-Ray
4. Hepatitis B Series or Signature on (SEARK) Vaccination Waiver Claim Form.
5. Drug Screen
6. Criminal Background Check
8. For Community Paramedic only, 2 years unencumbered licensure to Practice in the State of Arkansas, and a Letter from a Licensed Ambulance Service in Arkansas attesting to 2080 hours or more of hours worked in the Previous 2 Years.

Note: Random drug screening may be used anytime during the program at the student’s expense.
SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION

NAME ________________________________________

DATE OF BIRTH _________________ SEX: Male/Female (Circle One)

ADDRESS ___________________________________________________

CITY, ZIP CODE ________________________________________________

STUDENT I.D. #____________________________________________

PHONE NUMBER ________________________________________________

______________________________________________________________________________________________________

PERSONS TO NOTIFY IN CASE OF EMERGENCY

________________________________________________________________________________________________________

Name                                                 Address
City/State                                           Phone No.

________________________________________________________________________________________________________

Name                                                 Address
City/State                                           Phone No.

*HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF SO, PLEASE EXPLAIN______________________________

PREVIOUS WORK EXPERIENCE (List most recent first)

EMPLOYER                                      CITY/STATE      JOB TITLE          FROM        TO

_____________________________________________________________________________________________

____________________________________________________________________________________________________________

PERSONAL REFERENCES (NO RELATIVES)

1. Name Complete Address Phone Number

2. Name Complete Address Phone Number

EDUCATION: HIGHEST GRADE COMPLETED ____________________ DATE OF GRADUATION OR GED___________________

NAME & ADDRESS OF LAST SCHOOL ATTENDED ____________________________

DESCRIBE ANY EXPERIENCE IN EMS OR ANY OTHER FIELD RELATED TO MEDICINE:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

ARE YOU WILLING TO GO TO ANY AGENCY IN OUR SERVICE AREA FOR YOUR CLINICAL TRAINING?

YES ___ NO ___ REASONS: ____________________________________________

PLANS AFTER GRADUATION:

____________________________________________________________________________________________________________

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentations or falsifications of information is caused for denial of admission or suspension from the program. I authorize the college to release information provided by me in the application for admission to the NAH program, to approval/accrediting agencies and clinical affiliates, as required. This authorization includes the release of my transcript.

__________________________________  __________________________________________
DATE                                           SIGNATURE

Applicants to the EMT & ECDT program may also be required to submit criminal background information.

Revised: 06/03, 04/08, 07/14, 8/16

__ EMR     __ EMT BASIC
__ EMT ADVANCED   __ PARAMEDIC
__ COMMUNITY PARAMEDIC