



Lancaster General College of Nursing & Health Sciences

Lancaster General College of Nursing & Health Sciences/Lancaster EMS
Emergency Medical Technician (EMT) Application Form
Applicants to the EMT Program must be at least 16 years of age.

Last Name _____ First Name _____ M.I. _____

Maiden Name/Other names that may appear on transcripts _____

Address _____

City _____ State _____ Zip _____ County _____

Phone number (____) _____ - _____ Email address _____

Gender Female Male Birthdate ____/____/____ Social Security Number _____

High School Name _____ Graduation Date ____/____/____

Post Secondary Institution/College Names _____

Ethnic group

Hispanic, Latino Non-Hispanic/Non-Latino

Race

African American, Black Caucasian, White
 Native American, Alaskan Native Asian
 Pacific Islander Other _____

U.S. Citizen Yes No **Non-U.S. Citizen** Country _____ Visa Status _____

Planned Enrollment Date

- August 23, 2011 (Completed Application including \$60 fee Deadline: June 10, 2011)
- January 10, 2012 (Completed Application including \$60 fee Deadline: October 14, 2011)

Please note that submitted admissions materials are kept active for one year.

Have you ever been convicted of a felony or crime of moral turpitude? Yes No

Eligibility to take national certification examinations for health professionals could be adversely affected by a record of criminal conviction. Pre-application may be filed in order to obtain a ruling of the impact of eligibility for examination.

My signature below indicates that this application information is complete, accurate and honestly presented.

Signature _____ **Date** _____

Please send completed registration form, along with all completed application materials and non-refundable \$60 application fee (made payable to "Lancaster General College") to:

Lancaster General College of Nursing & Health Sciences
Office of Admission
410 North Lime St.
Lancaster, PA 17602