



# EAST CENTRAL

COMMUNITY COLLEGE

P. O. Box 129  
Decatur, Mississippi 39327

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Tel. No. 601-635-6293

DIVISION OF HEALTHCARE EDUCATION  
e-mail address: [sallen@eccc.edu](mailto:sallen@eccc.edu)

Fax No. 601-635-5472

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To: Prospective Student

From: Sheryl Allen, PhD, MSN, RN  
Dean of Healthcare Education

Thank you for your interest in a Healthcare Education course at ECCC. You have taken an important step toward an exciting career opportunity in the healthcare field.

The information in this application packet allows you to apply to the [EMT-Basic Course](#).

The following documents are included in this application packet:

1. Memo
2. Application for Healthcare Education Course

If you have questions about any of the healthcare programs at ECCC, please call the Office of Healthcare Education at 601-635-6293.

\*\*\*Please contact the financial aid office to apply for financial aid during the application process. Delay in financial aid request can delay receipt of benefits. Completion of your FAFSA application will expedite financial aid processing. <https://studentaid.ed.gov/sa/fafsa>

\*\*\*\* Please contact Student Services for scholarship application packets.



# EAST CENTRAL COMMUNITY COLLEGE

## EAST CENTRAL COMMUNITY COLLEGE HEALTHCARE EDUCATION EMT-Basic Course

### Instructions for Application

In order to be considered for admission into the EMT-Basic Course, all requirements must be completed and submitted prior to the start of the semester. Completed applications are selected based on information submitted as part of the application. It is the applicant's responsibility to ensure that all documents are on file. Incomplete applications will not be considered.

1. Mail all application documents to:

Division of Healthcare Education  
East Central Community College  
P.O. Box 129  
Decatur, MS 39327

2. Applicants who have not attended East Central Community College are to complete the **APPLICATION for ADMISSION** to the college. [https://my.eccc.edu/ICS/Future-Students/Default\\_Page.jnz?portlet=Apply\\_Online&screen=Display+Form&screenType=next](https://my.eccc.edu/ICS/Future-Students/Default_Page.jnz?portlet=Apply_Online&screen=Display+Form&screenType=next)
3. Applicants who have had a break in attendance at East Central Community College are to complete the **READMISSION APPLICATION** to the college.
4. **ALL** applicants must complete the attached Healthcare Program Admission Application.
5. Applicants must arrange for **one official transcript** to be sent from any other college(s) attended to the East Central Community College Office of Admissions. **It is the responsibility of the student to contact the Office of Admissions to have these transcripts officially accepted.**
6. ALL applicants must send an official ACT score to the Office of Admissions.
7. All applicants will be notified via email of acceptance or non-acceptance. Please make sure the email address on the application is active. All communication and notification from the Office of Healthcare Education will be by email.
8. Applicants must refer to college catalog for post acceptance requirements.
9. Deadline for completed applications is prior to each spring and fall semester.



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Please return to:  
Office of Healthcare Education  
East Central Community College  
P.O. Box 129  
Decatur, MS 39327

**HEALTHCARE PROGRAM**  
**ADMISSION APPLICATION**

Date received

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(Office Use Only)

## EMT-Basic

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle/Maiden SS# Student ID #

Address \_\_\_\_\_  
Street/Apartment Number/P.O. Box City State Zip County

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell or Work E-mail

### ACADEMIC INFORMATION\*

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

GED  Yes  No GED Graduation Date \_\_\_\_\_ State Where GED Was Taken \_\_\_\_\_

ACT: Date Taken \_\_\_\_\_

\*Validated results of ACT must be submitted with application or on file at the Office of Admissions.

List all colleges/universities currently or previously attended, **including ECCC**.

<i>Name and Location of Institution</i>	<i>Dates of Attendance</i>	<i>Degree Awarded (if applicable)</i>

\*An official transcript from each institution attended (excluding ECCC), and/or GED results must be submitted to ECCC Admissions, P.O. Box 129, Decatur, MS 39327.

### FELONY/MISDEMEANOR DECLARATION

All Healthcare Education Division qualified applicants will be scheduled for fingerprinting to be submitted to the MS Department of Public Safety and run through the MS Criminal Information and Federal Bureau of Investigation databases for criminal history background checks.

If the person has ever been convicted of a felony, or pleaded guilty to, or pleaded no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23 (f), child abuse, grand larceny, burglary, gratification of lust or aggravated assault, felonious abuse and/or battery of a vulnerable adult. This list of disqualifiers is not all-inclusive and may include certain types of misdemeanors.

East Central Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admission or access to, or treatment, or employment in its programs and activities. Compliance with Title VI of the Civil Rights Act of 1964 and its amendments, Part H of the Higher Education Act of 1964 and its Amendments, Title IX of the Higher Education Act of 1965 and its Amendments, Section 504 of the Rehabilitation Act of 1973 and its Amendments, the Americans with Disabilities Act of 1990, Age Discrimination Act, and the Vocational Education Act is coordinated by the Vice President for Instruction, Walter Arno Vincent Administrative Building, Rm. 171, P.O. Box 129, Decatur, MS 39327. 1-601-635-6202; fax, 1-601-635-4011.



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A satisfactory background report is required for participation in clinical agencies. **Any student with a disqualifying event/s is responsible for removal of the event/s.** Program admission may be rescinded by the Dean of Healthcare based on review of the students' criminal background check. Students who refuse to submit to a criminal background check or do not pass the criminal background check review will be dismissed from the program but may seek admission into another educational program at East Central Community College.

### PREVIOUS HEALTHCARE PROGRAM ENROLLMENT

Did you attend allied health classes in high school?  Yes  No

Have you ever been enrolled in a school of nursing or other health related program?  Yes  No

If yes, please answer the following for each program:

Type of Program	School	City	State	Dates Attended	Did you graduate? Yes or No

\*If you did not complete a nursing program, you will need a letter of "good standing" from that program director to accompany your application.

If you successfully completed the program, please provide the following information:

Date of Licensure/Certification/Registration \_\_\_\_\_

Licensure/Certification/Registry Number \_\_\_\_\_

Are charges pending against you concerning licensure or practice in any state jurisdiction?

Yes  No     If yes, please attach explanation

### CERTIFICATION

I certify that the information I have provided on this application is accurate and that I have not intentionally withheld information requested. I understand that any falsification of information may subject me to dismissal from any program. My signature below also authorizes release of transcripts from all schools previously attended to East Central Community College.

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

\_\_\_\_\_  
Date