



# EAST CENTRAL

COMMUNITY COLLEGE

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Phone 601-635-6293

DIVISION OF HEALTHCARE EDUCATION

Fax: 601-635-5472

P. O. Box 129

Decatur, Mississippi 39327

Email address: [lwall@eccc.edu](mailto:lwall@eccc.edu)

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To: Prospective Student

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

Thank you for your interest in one of East Central Community College's Healthcare Education programs. Our unique programs offer exciting careers in the healthcare field. Graduates of ECCC's healthcare programs demonstrate important knowledge, skills, and abilities, which provide the foundation for advancement through healthcare career pathways.

All applicants must meet requirements for admission to East Central Community College (ECCC), apply to the College, and be accepted by the College before applying to a healthcare program. The information in this application packet provides you with the opportunity to apply for the Basic Emergency Medical Technology (EMT) program. The EMT program is a one-semester course available in fall and spring semesters. The course, EMS 1117, includes EMT responsibilities during each phase of an ambulance run, patient assessment, emergency medical conditions, appropriate emergency care, and appropriate procedures for transporting patient. EMS 1117 is a seven credit hour course with four hours of lecture, four hours of lab, and three hours of clinical.

The application packet includes a memo, admission requirements, and an **Application for the Basic Emergency Medical Technology Course**. If you have questions about any of the Healthcare Education programs at ECCC, please call the Office of Healthcare Education at 601-635-6293.

**Important:** 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>

Contact the Workforce Innovation and Opportunity Act (WIOA) coordinator for financial assistance funds availability at 601-635-6404 or ECCC website at <https://www.eccc.edu/wioadislocated-worker-program>

Contact Student Services for scholarship application packets.



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## HEALTHCARE EDUCATION BASIC EMERGENCY MEDICAL TECHNOLOGY PROGRAM

### ADMISSION INSTRUCTIONS

**All requirements for the College and the program must be completed and submitted prior to the start of the semester for admission into the Basic Emergency Medical Technology (EMT) course.**

Applicants are responsible for submitting completed applications and required documentation. Incomplete applications or documentation will not be submitted for admission into the program. Steps for program admission:

1. Review College admission requirements on the website at: <https://www.eccc.edu/admissions> and complete the online **Admissions Application** at [https://my.eccc.edu/ICS/Future-Students/Default\\_Page.jnz?portlet=Apply Online](https://my.eccc.edu/ICS/Future-Students/Default_Page.jnz?portlet=Apply Online).
2. Review all requirements for admission to the Basic EMT program. Complete the **Healthcare Education Basic EMT Admission Application**. Mail the completed application to:  
Healthcare Education Division  
East Central Community College  
P.O. Box 129  
Decatur, MS 39327
3. Applicants must submit one official transcript from every college(s) attended to ECCC Office of Admissions and the Healthcare Division. **Applicants are responsible for contacting the ECCC Office of Admissions to verify all official transcripts are accepted.**
4. All applicants must submit an official ACT score to ECCC Office of Admissions. Requirements for entry into the program include an **ACT** score of **16 or higher** if taken after October, 1989 or 12 or higher if taken before October, 1989. If an ACT test has not been taken, the applicant can apply to take the TABE® test.
5. Applicants must arrange to take the TABE® test with the College if the ACT Composite score is less than 16. Applicants can contact Sherri Cliburn at 601-635-6426 or Lynn Selman at 601-635-6291 to make arrangements.
6. High School Diploma or equivalency exam.
7. Applicant email addresses must be accurate and active. Acceptance or non-acceptance into the program notifications are sent via email.
8. Deadlines for completed program applications are one week prior to class start dates, which is **August 5, 2019**.
9. All applicants must refer to the College Catalog for post-acceptance requirements.



# EAST CENTRAL

## COMMUNITY COLLEGE

### POST-ACCEPTANCE REQUIREMENTS

All applicants selected for admission into the EMT program must submit proof of the following items:

- Satisfactory Criminal History Background Check conducted by ECCC's Campus Police during scheduled appointment dates.
- Completed **ECCC Physical Examination** form within the last 2-3 months prior to admission obtained by a physician or nurse practitioner.
- Proof of immunizations against measles, mumps, rubella (MMR), or rubella titer.
- Proof of influenza vaccination within past twelve (12) months.
- Proof of Hepatitis B vaccine, or titer, or signed declination statement
- American Heart Association Basic Life Support for Healthcare Providers card (completed within the last 2-3 months prior to admission).
- Valid proof of age to be eighteen (18) years or older.  
(Accepted forms of validation include current driver's license, birth certificate, state-issued identification, or tribal identification).

Meeting minimum EMT admission requirements does not guarantee admission to the program.

### ACCEPTANCE CRITERIA

Applicants' files must be complete and submitted to the Office of Admissions & Records and the Office of Healthcare Education to be considered for acceptance into the program. The student is responsible for assuring all data is correct and received by both offices before the application deadline. Students admitted to the course must adhere to the policies in the current East Central Community College Catalog and the Emergency Medical Technology Student Handbook. This includes, but is not limited to, tuberculosis (TB) testing. Testing will be provided after students enter the program and prior to clinical



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COMMUNITY COLLEGE

**Please return to:**

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

**HEALTHCARE EDUCATION  
 ADMISSION APPLICATION  
 BASIC EMT PROGRAM**

Date received: \_\_\_\_\_

(Office Use Only)

**APPLICANT INFORMATION**

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

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

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

**ACADEMIC INFORMATION**

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

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

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

Other High School Equivalency Exam Name \_\_\_\_\_ Date Taken \_\_\_\_\_

ACT Exam Date Taken \_\_\_\_\_ TABE® Test Date Taken \_\_\_\_\_

\*Validated results of the ACT must be submitted with the College application to the Office of Admissions.

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

Name and Location of Institution	Dates of Attendance	Degree Awarded (if applicable)

An official transcript from each institution attended (excluding ECCC), and/or GED or other high school equivalency exam results must be submitted to ECCC Office of Admissions, P.O. Box 129, Decatur, MS 39327.

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.



# EAST CENTRAL COMMUNITY COLLEGE

## FELONY/MISDEMEANOR DECLARATION

All Healthcare Education Division qualified applicants will be scheduled for fingerprinting to be submitted to the MS Department of Health 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 offense 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.

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.

**Have you ever been arrested or charged with a misdemeanor or felony offense?**  Yes  No

If you answered **Yes**, provide written details on a separate sheet of paper.

## 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?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No



# EAST CENTRAL

COMMUNITY COLLEGE

## 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.

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**Applicant Signature**

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**Date**