

**Robeson Community College
Admission Checklist**

Emergency Medical Science Bridge

Name: _____ Address: _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Telephone Numbers: Home _____ Cell _____

Checklist Overview and Directions

Please place a check mark beside each item as they are completed. All items identified on the checklist must be completed prior to submitting checklist to EMS Department. All documentation must be received December 01 for spring semester enrollment and July 15 for fall semester enrollment.

_____ 1. Complete RCC Admissions Application. If you completed online, submit Confirmation number in the space provided.

Online Application Confirmation Number: _____

- Official high school and college transcripts are on file in RCC Admissions Office
- Admitted to the institution

_____ 2. Present current copies of the following certification:

- Possess a valid driver's license.
- Current National Registry or North Carolina Paramedic certification. (All certifications must be on file in the EMS Department).
- A Basic Life Support Certificate as deemed appropriate by the EMS Director.
- Advanced Cardiac Life Support
- A Trauma course certificate as deemed appropriate by the EMS Director.
- Pediatric Advanced Life Support

_____ 3. Complete information requested on the attached Health Science Admissions Ranking Information Form.

_____ 4. Submit two letters of recommendation on official agency letterhead: One required from your affiliated agency (Director, Chief, or Training Officer) or the EMS Program Director of the institution where applicants' initial Paramedic education was obtained.

_____ 5. Document 500 hours of patient contact at the paramedic level as evidence by the signature of the director of the EMS agency with which the paramedic is affiliated and the medical director of the ALS system with which the paramedic affiliated. The documented 500 hours of patient contact requirement will be waived if the student has successfully completed the Robeson Community College Continuing Education Paramedic Program within the last two years.

With the completion of items 1 – 5 proceed to the Emergency Medical Science Department in Building 17 to submit the supporting documentation and schedule an interview with the EMS Program Director/Faculty. The purpose of the interview is to discuss program requirements and expectations.

I certify that the attached application related items are correct and accurate. I understand that the falsification of any information or documentation will result in the revocation of this application.

Applicant Signature _____ Date _____

EMS Program Director _____ Date _____

For Office Use:

Date Received _____ Date _____

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General/Related General Education Courses

Identify course(s) completed. Equivalent courses (based on transfer eligibility) will be considered. Courses listed must meet applicable credit by transfer requirements.

Course Prefix	College Name	Grade	Semester/Year Completed
ACA 111	_____	_____	_____
CIS 111	_____	_____	_____
ENG 111	_____	_____	_____
ENG 115	_____	_____	_____
MAT 110	_____	_____	_____
PSY 150	_____	_____	_____
Humanities/Fine Art Elective	_____	_____	_____

College Science Courses (Biology)

Identify course(s) completed. Equivalent courses (based on transfer eligibility) will be considered. Courses listed must meet applicable credit by transfer requirements.

Course Prefix	College Name	Grade	Semester/Year Completed
BIO 163 Basic A & P or	_____	_____	_____
BIO 168 Human A & P I and	_____	_____	_____
BIO 169 Human A & P II	_____	_____	_____

It is the applicant's responsibility to make sure that the official transcript(s) verifying the courses listed above are on file with the Admissions Office and unofficial transcript copies of high school and college are attached to this form.

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