

NEW STUDENT APPLICATION

PRINT ALL INFORMATION IN BLACK OR BLUE INK AND SUBMIT TO

**MEDEXPRESS EMS TRAINING CENTER
PO BOX 6063
ALEXANDRIA, LA 71307
318-473-1895 ext. 325**

A) APPLICATION INFORMATION:

Name: (Last, First, Middle)

Social Security Number

Are You: Male Female Other: _____ Marital Status: Married Single Divorced Domestic Partnership

CITIZENSHIP STATUS THAT BEST FITS YOU:

Native (US Citizen) Alien, Permanent Resident Alien Number _____

Alien – Temporary Non-Citizen Visa Type _____

Date of Birth: Month _____ Day _____ Year _____ Email: _____ Phone: _____

B) ETHNIC:

African American

Caucasian

Native American

Hispanic

Asian/Pacific Islander

Other: _____

C) CONTACT INFORMATION:

Home Address: _____

Permanent Mailing Address (if different): _____

Parish: _____ State: _____ Phone Number: _____ Additional Number: _____

When do you plan to enroll with MedExpress EMS Educational Center? _____

What educational program or CE Class will you be enrolling in? _____

Have you applied for admission with MedExpress before? No Yes When? _____

D) STUDENTS WITH DISABILITIES:

Do you have a special condition which you feel may affect your academic or physical activities at MedExpress EMS Educational Center?

No Yes, please contact our educational director at 318-473-1895

E) EDUCATIONAL GOAL:

Current Educational Goal: *(please check only one)*

Degree Seeking (Associate of Applied Science in EMT-Paramedic) Non-Degree Seeking (EMT Basic EMT Paramedic)

F) EDUCATIONAL HISTORY:

List any Community College, Technical College, Trade School or University's that you have attended.

Name

Program of Study

Name	Program of Study
_____	_____
_____	_____

G) EMERGENCY CONTACT INFO:

Full Name

Relationship to Applicant:

Full Name	Relationship to Applicant:
_____	_____

Complete Mailing Address

Daytime & Evening Phone Numbers

Complete Mailing Address	Daytime & Evening Phone Numbers
_____	_____

H) STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE CAMPUS POLICY: (PLEASE READ ENTIRE POLICY BEFORE SIGNING)

MedExpress EMS Training Center hereafter referred to as Program, prohibits the unlawful possession and/or use of firearms, the unlawful possession use or distribution of drugs and alcohol by students while on our campus or in attendance at any Program activity.

I understand that possession and use of firearms are prohibited on the campus. I also understand that violation of this policy may result in disciplinary action up to and including termination understand that reporting to the campus or performing tasks for the Program while under the influence of and impaired by Illegal drugs or alcohol is prohibited. I am aware that from the program. I acknowledge my responsibility to notify MedExpress EMS Training Center Director within five (5) days if I am convicted of violating any criminal drug statute on or off of the campus. I further realize that the Program is required by law to give notice of such a conviction to any State or Federal agency or National Organization which may issue any form of Pre-Hospital Care

licensure to applicants of the Program and I hereby waive any and all claims that may arise from conveying such information to such agencies or organizations.

I hereby certify that I have read and understand the above STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE CAMPUS POLICY and that all of the information I give in this document is true, complete and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission to and attendance to all MedExpress EMS Training Center Programs.

Signature of Applicant

Date

I) MISCELLANEOUS INFORMATION:

Current Employment Status: Full Time: _____ Part Time: _____ Unemployed

And Place

How did you learn about the MedExpress EMS Training Center Programs? (check one)

From a MedExpress Employee

Radio Advertisement

Job Fair

Billboard

Newspaper

Sign or Banner

Former Student

TV Commercial

MedExpress Website

Other: _____

Why did you choose to attend a MedExpress EMS Training Center Program? (check all that apply)

Low cost of tuition

Able to work while attending classes

Convenient location

Good chance of personal success

Liked the size of the classes

Flexible payment plan

Offered the EMS courses I wanted

Only EMS training program is Rapides Parish

IMMUNIZATION COMPLIANCE

To complete the Proof of Immunization Compliance form, please provide the following form. You have three (3) separate options to choose from to meet the compliance guidelines.

OPTION 1	Have your primary physician or other healthcare provider provide the dates of your last indicated immunizations. Space has been provided for the physician's signature and stamp. This option is not valid without both the signature and stamp of the healthcare provider.
OPTION 2	If you have access to your immunization records, sign and date Option 2. Attach a copy of your immunization records to the form and submit to MedExpress before first day of class.
OPTION 3	<p>If you are unable to locate your immunization records, you may request an exemption from this requirement. Please check one of the reasons for your request and provide an explanation in the space provided. Sign and date the form and submit to MedExpress before the first day of class. By requesting an exemption from this requirement, understand that you are agreeing to the following terms:</p> <p><i>" I understand that if I claim exemption for personal or medical reasons, I may be excluded from classes and other campus activities in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I present proof of immunization."</i></p>

IMMUNIZATION COMPLIANCE FORM

Applicants Name (please print)

Social Security #

DoB (mm/dd/yyyy)

OPTION 1 – Verification by Physician’s Statement

The above named individual has been immunized as follows:

MMR 1: _____ MMR 2: _____ Tetanus-Diphtheria: _____

Signature of Physician or Health Care Provider

Date

STAMP
HERE

OPTION 2 – Submission of Records by Student:

I hereby submit my immunization record as proof of immunization against measles, rubella, mumps and tetanus/diphtheria.

Signature of Student

Date

Signature of Parent/Legal Guardian (if under 18)

Date

OPTION 3 – Request for Exemption:

If you request exemption for medical or personal reasons, please check the appropriate one and provide the information requested. You MUST state reason for exemption in the space below.

Check One: Medical: _____ Personal: _____

Explanation:

Signature of Student

Date

Signature of Parent/Legal Guardian (if under 18)

Date