



# EMERGENCY MEDICAL STUDIES

## PRE-REGISTRATION GUIDE

615 N. STADIUM AVE  
THATCHER AZ 85552  
928-428-8502

## **EAC Emergency Medical Studies Pre-Registration Guide**

**For acceptance into EMT, Advanced EMT, or Paramedic Certificate or Degree programs (EMT 103, EMT 201, or EMT 210), interested applicants must first submit the following items to the Allied Health Clinical Coordinator's Office for consideration:**

1. Completed Emergency Medical Technician Program Application (see next page)
2. Copy of a state approved Driver's License or ID showing proof of applicants age (all applicants must be 18 years of age within 6 months of course start date).
3. Proof of completion of ENG 091, Reading Improvement II, or proof of at least a 10th grade reading level for EMT 103 & EMT 201 (EMT & AEMT) or a 12<sup>th</sup> Grade Reading level for EMT 210 (Paramedic) on a college approved assessment test. EAC reading assessment test scores are available on Gila Hank online, the counseling office, or from a course advisor.
4. Current American Heart Association BLS Provider Card **OR** proof of enrollment in EMT 121 — Cardiopulmonary Resuscitation.

### **SUBMISSION INFORMATION**

Please submit required documentation by email (preferred) or in person to Kelsey Peru at:

Allied Health Clinical Coordinator's Office  
Science & Allied Health Building #114  
615 N. Stadium Ave  
Thatcher, AZ 85552

Office Phone: 928-428-8355

Hours: Monday – Thursday 8am-1pm

Email: [kelsey.peru@eac.edu](mailto:kelsey.peru@eac.edu)

Website: [http://www.eac.edu/Academics/Programs\\_of\\_Study/Paramedicine/](http://www.eac.edu/Academics/Programs_of_Study/Paramedicine/)

# Eastern Arizona College

## Emergency Medical Studies Application

### **1. Applicant Information**

Applicant Name: (First)\_\_\_\_\_ (MI)\_\_\_\_\_ (Last)\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_ Zip:\_\_\_\_\_

Phone#\_\_\_\_\_ Cell#\_\_\_\_\_ Email: \_\_\_\_\_

### **2. What program are you signing up for?**

-Emergency Medical Technician (Entry Level: No Prior Training Required) \_\_\_\_

-Advanced Emergency Medical Technician (Prior EMT Certification Required) \_\_\_\_

-Paramedic (Prior EMT or AEMT Certification Required) \_\_\_\_

### **3. Will you be 18 years of age within 6 months of course start date? Y\_\_N\_\_**

### **4. Acknowledgement**

I certify that all information provided by me is true, complete, and accurate. I understand that I am responsible for providing all requested information and documentation to remain registered in and remain in the course. I also understand that failure to provide required documentation may adversely affect my admission into the program.

I hereby authorize and consent to the release of information by Eastern Arizona College, and their clinical or vehicular partners as appropriate regarding information relevant to the training program as long as such release of information is done in good faith and without malice. I hereby release from liability Eastern Arizona College and its representatives for so doing.

I understand that Eastern Arizona College and their clinical/vehicular sites acknowledge that certain information pertaining to the condition and care of patients is confidential and, unless waived by the patient, is entitled to protection from disclosure under the law.

I understand that the completion and submission of this application does not guarantee acceptance into the EAC EMS program.

I understand that I am required to complete and submit additional application materials prior to the course drop date to remain in the course (see next page).

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Next Steps**

Once the pre-registration items have been submitted to the Allied Health Clinical Coordinator's Office, EMS program faculty will register you for the course. You will then need to complete the **Clinical Requirements Guide**. The items in the packet are required for you to: 1. Remain in the course, 2. Participate in required clinical and/or vehicular rotations, and 3. Pass the class.

The packet can be obtained from the Allied Health Clinical Coordinator's Office.

### **\*\*IMPORTANT\*\***

**Each student must show proof (results document, payment receipt, note from physician, etc.) that all requirements in the Clinical Requirements Guide are complete or "in progress" by the end of the first week of class or they will be dropped from the program.**