EMERGENCY MEDICAL TECHNICIAN APPLICATION

NAME ________________________________ Last __________ First __________ M.I. __________

APPLICATION FOR: ☐ Summer ☐ Fall ☐ Winter ☐ Spring

S.I.D. #: ____________________________ DATE OF BIRTH: __________________________

ADDRESS: ________________________________

CITY: ____________________________ ZIP: __________

PHONE (day): (___) ______________ PHONE (eve): (___) ______________
area code area code

E-MAIL: ________________________________ CELL PHONE: (___) ______________
area code

WHY DO YOU WANT TO TAKE THIS CLASS?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Applicant’s Signature. ____________________________ Date __________

A NON-REFUNDABLE APPLICATION FEE OF $35.00 MUST BE PAID BEFORE YOUR APPLICATION WILL BE PROCESSED. Please pay the fee at North Seattle College Cashier’s Office. The cashier’s office is open M-F, 8:00 AM – 4:30 PM. You must have an NSC student ID number to pay the application fee. Present your application form to the cashier with your payment. Payment can be made by cash, check, and major credit or debit cards. You must then present your application form, showing the $35.00 application fee as paid, when you take the EMT entrance test. 
(Cashier note: fee code EQ)

Checks must be written for the exact amount and must be drawn on banks located in the United States. A handling fee of $30.75 is charged for any returned checks.

TEST SCORE: _______

DATE NOTIFIED: __________ YES_____ NO_____ WAITLIST#: _______

NOTIFIED BY: _______