Allied Health Department
Emergency Medical Services (EMS-501)
Application

This one-semester course provides the student with the knowledge and skills to care for the ill or injured person in the pre-hospital setting. This course is taken to help the student prepare for working with the fire service or ambulance service. Successful completion of this course qualifies the student to sit for the National Registry certification exam which is a required certification for Fire Service or Ambulance service work. Hospital clinical, ambulance and/or squad ride-along is required.

Fall: Application May 1 - May 31
Acceptance Packet Deadline, July 15

Spring: Application October 1 - October 31
Acceptance Packet Deadline, December 15

Submission Instructions:

- Please submit to the Nursing and Allied Health Department electronically. Submit documents to Nursing and Allied Health on the Student Support Hub under **Emergency Medical Technician Documents.**
- Once you click on the **Submit Nursing and Allied Health Documents Here**, you will be taken to the submission page.
- Please enter your personal information then scroll down to select your program from the list. When you click on your program it will expand with options for uploading.
- Please choose the type of document or leave it blank. Then click the attachments button to upload your documents.
- Once your documents are attached scroll down to the bottom of the page and click submit in the bottom left.

NOTE: You are responsible to submit to the correct department. If you submit to the wrong department, we are unable to retrieve your documents and they are considered as not submitted.

For assistance with any part of the submission process please visit our **Welcome Center** on the MSJC Student Support Hub

Mt. San Jacinto College
Emergency Medical Services

Have you submitted your MSJC Application?

- New to MSJC - First Time Student
  - Apply to MSJC and please follow the steps:
    https://www.msjc.edu/apply/new-students.html

- MSJC Returning students **who have missed one primary semester (Fall/Spring)** do not need to re-apply and will automatically be sent a registration appointment to their MSJC email address.

- MSJC Returning students **who have missed more than one semester will need to re-apply** for admission to receive a registration appointment, which will be sent to their personal email address.
  - Submit MSJC Application at:
    - **https://www.msjc.edu/apply/returning-students.html**
    - Complete MSJC Online Orientation

- **High School Senior - Meet with High School Counselor**
  - Submit MSJC Application at:
    - **https://www.msjc.edu/apply/high-school-students.html**
  - Complete MSJC Online Orientation
  - Submit School/Parent Agreement Form and Transcript

Mt. San Jacinto College
Emergency Medical Services (EMS-501)
Application

Instructions:
- Fill out application completely and accurately.
- Print legibly (in ink).
- Please submit documents to Nursing and Allied Health on the Student Support Hub under Emergency Medical Services Documents.

Student ID#_____

STUDENT IDENTIFICATON	
1. STUDENT'S NAME (Last, First, Middle)	
2. ADDRESS (Street / PO Box)	
3. CITY	**4.** ZIP CODE
5. CURRENT CONTACT NUMBER	**6.** GENDER ◯ Male ◯ Female ◯ Non-binary ◯ Decline to state (Please select one)
7. BIRTHDATE (MM/DD/YEAR)	**8.** MSJC STUDENT E-MAIL
9. PERSONAL E-MAIL (Optional)	10. EMERGENCY CONTACT NAME & NUMBER:

Nursing and Allied Health Consent Form
Mt. San Jacinto College

I, the undersigned, authorize Mt. San Jacinto College Nursing and Allied Health Department to release information regarding myself to the Board of Registered Nursing and all affiliated Clinical/Hospital Sites. All information will be kept confidential and maintained as part of my records with the Mt. San Jacinto College. Additionally, all information will be used exclusively in the administration or delivery of services.

I hereby consent to the use of all images (photographs, videotapes, or film) taken of me and/or recordings made of my voice and/or written extraction, in whole for Mt. San Jacinto College and/or others with its consent, for the purposes of illustration, advertising, or publication in any manner.

I, the undersigned, will notify Mt. San Jacinto College Nursing and Allied Health Department of my COVID Vaccination status and will provide documents to the Department as requested. I am aware I might be denied clinical placement from the affiliated Clinical/Hospital Sites if I am unable to provide proof of vaccination in order to perform clinical activities. This could affect my continuation in MSJC Nursing and Allied Health Programs.

This release shall remain in effect while accessing any service from Mt. San Jacinto College and throughout my enrollment and post attendance period under the Nursing and Allied Health Programs at Mt. San Jacinto College.

Printed Name _____ Student ID _____

Signature _____ Date _____

Nursing and Allied Health Department Demographics Questionnaire

To be submitted to the Chancellor's Office annually and for additional annual surveys/reports (Confidential).

Please Note: If this is not filled out in its entirety your application will be considered incomplete.

Name _____ Student ID Number _____

1. Gender:
   - ○ Male
   - ○ Female
   - ○ Non-binary
   - ○ Decline to State

2. Race/Ethnicity:
   - ○ American Indian or Alaska Native
   - ○ Asian
   - ○ Black or African American
   - ○ Hispanic or Latino
   - ○ Middle Eastern or North African
   - ○ Native Hawaiian or Other Pacific Islander
   - ○ White or Caucasian
   - ○ Other _____

3. Language other than English that I am proficient in:
   - ○ American Sign Language
   - ○ Arabic
   - ○ Chinese
   - ○ Farsi
   - ○ Russian
   - ○ Spanish
   - ○ Tagalog
   - ○ Language of the Indian subcontinent and Southeast Asia
   - ○ Other_____

4. Age at application: _____

5. Are you registered with Accommodation Service Center?
   - ○ Yes_____
   - ○ No_____

6. How many times did you take the TEAS exam?
   - ○ 1
   - ○ 2
   - ○ 3
   - ○ 4
   - ○ 5
   - ○ 6 or more
   - ○ N/A, my program does not require the TEAS exam

7. Did you remediate for the TEAS?
   - ○ Yes_____
   - ○ No_____
   - ○ N/A
   - If yes, what date? _____

8. Are you currently affiliated with the military?
    - ○ Yes_____   If yes, what branch? _____
    - ○ No_____

9. If you answered yes to number 8, what is your affiliation?
    - ○ Active
    - ○ Veteran
    - ○ Reservist
    - ○ Guardsman
    - ○ Spouse
    - ○ Dependent

10. Have you ever violated the Student Code of Conduct at any College and/or University?
    - ○ Yes_____
    - ○ No_____

11. One-way travel distance to campus:
    - ○ 0-10 miles
    - ○ 11-20 miles
    - ○ 21-30 miles
    - ○ 31-40 miles
    - ○ 41 or more miles

12. Average weekly hours of employment:
    - ○ Currently not working
    - ○ Less than 8 hours
    - ○ 8-15 hours
    - ○ 16-23 hours
    - ○ 24-31 hours
    - ○ 32-39 hours
    - ○ 40 hours or more

13. Have you had previous experience working in health care? _____ If yes, how many years?
    - ○ Less than 1 year
    - ○ 1-2 years
    - ○ 3-5 years
    - ○ 6-8 years
    - ○ 9 years or more

14. Health care work experience:
    - ○ None
    - ○ Licensed Vocational Nurse LVN
    - ○ Certified Nursing Assistant CNA
    - ○ Emergency Medical Technician EMT
    - ○ Medical Assistant MA
    - ○ Health related military experience
    - ○ Other_____

15. Did you move from out of state to attend this program?
    - ○ Yes_____
    - ○ No_____

16. Highest educational level completed:
- ○ High school or equivalent
- ○ Associate's Degree
- ○ Bachelor's Degree
- ○ Master's Degree or above

17. If your program requires prerequisites, which program prerequisites did you complete at MSJC?

Not Applicable	DMS	LVN Transition	ADN
○ My program does not have prerequisites	○ Anat-101 ○ Anat-102 ○ AH-105 ○ Comm-103 ○ Phy-100 ○ Math-100 or above ○ None	○ Anat-101 ○ Anat-102 ○ Engl-101 ○ Math-100 or above ○ Biol-125 ○ Psyc-101 ○ None	○ Anat-101 ○ Anat-102 ○ Engl-101 ○ Math-100 or above ○ Biol-125 ○ None

18. Are you eligible to receive financial aid through any of the following?
- ○ Yes_____
- ○ No_____

If yes, select all that apply
- ○ California College Promise Grant and/or Program
- ○ Pell Grant
- ○ GAIN
- ○ JOBS
- ○ JTPA
- ○ SST
- ○ General Assistance
- ○ AFOC
- ○ Single with income below $7,500
- ○ Couple with income below $15,000
- ○ $1,000 for dependent children
- ○ Other_____