

NEEMT

EMERGENCY MEDICAL TECHNICIAN



SPRING CLASS SCHEDULE:

- August 13 – December 10
- Classroom/Virtual-Live
- Monday & Thursday from 5-9pm

FEES (DUE BEFORE CLASSES BEGIN):

- Tuition - \$300
- Malpractice Insurance - \$55 (non-refundable)
- Books - \$350
- Finger Printing - \$55



PREREQUISITES (DUE BEFORE CLASSES BEGIN):

- AHA/Red Cross CPR Basic Life Support "BLS"
- Physical examination & drug screen by physician or NP*
- TB skin test or chest X-ray prior to start of class
 - TB skin tests or CXR's performed within the last 3 months are acceptable
- Hepatitis B vaccine 3 shot series (at least one of the three injections to start class)
 - or Titer test (if series completed previously)
- MMR (Measles, Mumps, Rubella) 2 dose vaccine
- Proof of age (drivers' license) - 18 years old*
- High School Diploma or GED*
- CRC Gold overall or ACT minimum 17 composite, or TABE (Reading) 10th grade level

*Mississippi EMS Requirements

FOR MORE INFO:

662-720-7296

continuing@nemcc.edu



In compliance with Title VI of the Civil Rights Act of 1964; Title IX, Educational Amendments of 1972 of the Higher Education Act; and, Section 504 of the Rehabilitation Act of 1973, as amended, the Board of Trustees of Northeast Mississippi Community College has adopted this policy assuring that no one shall, on the grounds of race, color, age, national origin, or sex, be excluded from participating in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity of the College. Northeast Mississippi Community College adheres to the principle of equal educational and employment opportunity without regard to race, sex, age, color, creed, or national origin. This policy includes the qualified handicapped and extends to all programs and activities supported by the College. The Section 504 Coordinator is Leigh Ann Stewart, Wright Hall (662)720-7192 and the Title IX Coordinator is Liz Calvery, (662) 720-7443.



CONTINUING EDUCATION

EMT-Basic TRAINEE APPLICATION

First Name _____ **MI** _____ **Last Name** _____

Mailing Address _____ **City** _____

State _____ **Zip** _____ **E-mail** _____

Social Security # _____ - _____ - _____ **County of Residence** _____

Date of Birth _____ / _____ / _____ **Telephone (_____)** _____

Text – Yes () No () Emergency Contact _____ **Telephone#** _____

Racial/Ethnic Group (Please choose only one):

- White/Caucasian Black/African American American Indian/Alaska Native
- Hispanic/Latino Hawaiian Native/Pacific Islander Asian More than one Race

Level of Education (Please choose only one):

- Less than High School High School Diploma / GED Some College without Degree
- Associate Degree Bachelor Degree Graduate / Professional Degree

Employment Status/Type:

- Employed Unemployed Retired
- Full-time Part-time Seasonal Temporary

Current or most recent employer: _____

Gender: Male Female **Age:** _____

Enrollment Status:

- Part-Time (less than 12 credit hours in fall or spring; less than 6 in the summer)
- Full-Time (12 or more credit hours in the fall or spring, 6 in the summer)
- Degree Program Certificate Program

Please check all that apply:

- Veteran Disabled Pell Grant Eligible TAA Eligible

Signature _____ **Date** _____



EMT Basic Program Cost

'Medical & Clothing Cost Are Estimated

Tuition	\$300.00
Books	\$350.00
Mal-Practice Insurance	\$55.00
Finger Printing	\$55.00
Shirt	\$35.00
Pants	\$42.00
Boots	\$85.00
Belt	\$12.00
Cap	\$12.00
Stethoscope	\$50.00
Physical & Drug Test	\$45.00
Vaccinations	\$125.00
NREMT National Exam	\$98.00
MS EMS Driver	\$40.00
MS EMT-Basic	\$40.00
	\$1,344.00