



NORTHEAST
MISSISSIPPI COMMUNITY COLLEGE
CONTINUING EDUCATION

EMERGENCY MEDICAL TECHNICIAN

CLASS SCHEDULE:

- SPRING CLASS: January 9 - May 15, 2025
- Holiday Hall Room #118
- Monday-Thursday from 5-9PM

FEES (DUE BEFORE CLASSES BEGIN):

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

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*
- Background Affidavit (Notarized only)
- CRC Silver overall or ACT minimum 17 composite, or TABE (Reading) 10th grade level

*Mississippi EMS Requirements



FOR MORE INFO:

662-720-7296

continuinged@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.



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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 _____



****All items must be submitted before class begins ****
Individual Exceptions Approved by Continuing Ed

**Checklist Items
required for class:**

- _____ EMT-Basic Trainee Application
- _____ High School Diploma or GED
- _____ Proof of Age – 18 years old (Driver's License)
- _____ **BLS CPR** – AHA/Red Cross Basic Life Support Card (**no online class accepted**)
- _____ **CRC** Silver or Above, **ACT 17**, or **IABE** (Reading) 10th Grade Level
- _____ Background Affidavit (**notarized**)
- _____ Payment (\$300 – tuition, \$55 – malpractice insurance, \$350 – books. Total \$705)
- Health Records**
- _____ **Hep B** (Hepatitis B Shots - (**3** shot series) or "**Titer**" Test (series completed previously)
- _____ **MMR** (Measles, Mumps, Rubella)
- _____ **TB skin test or Chest X-Ray** (within the last 3 months)
- _____ **Physical Examination & Drug Test** (No specific form required)





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HealthCare Criminal History

Background Affidavit

State of Mississippi, County of _____

Before me, a Notary Public in and for the County and State aforesaid, and personally, appeared the undersigned _____, who, after being by me first duly sworn did state upon his/her oath as follows:

That the affiant is currently a student in the **EMT Basic Program** at Northeast Mississippi Community College.

That the affiant has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23(g) Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.

That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which his/her employer (1) has determined to be of a nature and/or frequency as to be disqualifying for employment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her employment, in addition to this affidavit.

Further, the affiant sayeth not.

Name of Affiant (printed)

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires



EMT Basic Program Cost

*Medical & Clothing Cost Are Estimated

Tuition	\$300.00
Books	\$350.00
Mal-Practice Insurance	\$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	<u>\$40.00</u>
	\$1,289.00