Robeson Community College
Admission Checklist   **Emergency Medical Science Bridge**

Name: _____ **Address**: _____

City _____ **State** _____ **Zip Code** _____

E-Mail Address _____

Telephone Numbers: Home_____ **Cell** _____

Checklist Overview and Directions
Please place a check mark beside each item as they are completed. All items identified on the checklist must be completed prior to submitting checklist to EMS Department. All documentation must be received December 01 for spring semester enrollment and July 15 for fall semester enrollment.

_____ 1. Complete RCC Admissions Application. If you completed online, submit Confirmation number in the space provided.
Online Application Confirmation Number: _____
  o Official high school and college transcripts are on file in RCC Admissions Office
  o Admitted to the institution

_____ 2. Present current copies of the following certification:

  o North Carolina EMT-Paramedic or National Registry Paramedic;
  o Basic Cardiac Life Support (BCLS);
  o Advanced Cardiac Life Support (ACLS);
  o Basic Trauma Life Support (BTLS) or Pre-Hospital Trauma Life Support (PHTLS) or International Trauma Life Support(ITLS);
  o Pediatric Advanced Life Support (PALS);
  o North Carolina Driver's License

_____ 3. Complete information requested on the attached Health Science Admissions Ranking Information Form.

_____ 4. Submit two (2) Letters of Recommendation on official agency letterhead
  o One required from the Robeson County Medical Director
  o One required from an Agency (Director, Chief, Training Officer)

_____ 5. Documentation of **2,000 hours** of direct patient care. (Letter from Agency Director or Chief on agency letterhead)

With the completion of items 1 – 5 proceed to the Emergency Medical Science Department in Building 17 to submit the supporting documentation and schedule an interview with the EMS Program Director/Faculty. The purpose of the interview is to discuss program requirements and expectations.

I certify that the attached application related items are correct and accurate. I understand that the falsification of any information or documentation will result in the revocation of this application.
Applicant Signature _____Date _____

EMS Program Director _____ Date _____

For Office Use:
Date Received _____ Date _____

General/Related General Education Courses

Identify course(s) completed. Equivalent courses (based on transfer eligibility) will be considered. Courses listed must meet applicable credit by transfer requirements.

Course Prefix	College Name	Grade	Semester/Year Completed
ACA 111	_____	_____	_____
CIS 111	_____	_____	_____
ENG 111	_____	_____	_____
ENG 115	_____	_____	_____
MAT 110	_____	_____	_____
PSY 150	_____	_____	_____
Humanities/Fine Art Elective	_____	_____	_____

College Science Courses (Biology)

Identify course(s) completed. Equivalent courses (based on transfer eligibility) will be considered. Courses listed must meet applicable credit by transfer requirements.

Course Prefix	College Name	Grade	Semester/Year Completed
BIO 163 Basic A & P	_____	_____	_____
or			
BIO 168 Human A & P I	_____	_____	_____
and			
BIO 169 Human A & P II	_____	_____	_____

It is the applicant's responsibility to make sure that the official transcript(s) verifying the courses listed above are on file with the Admissions Office and unofficial transcript copies of high school and college are attached to this form.

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