



SPRING 2025

Emergency Medical Services Programs Non-Degree Application

(Please **Print** in all fields)

PRINT Name: _____
First Middle Initial Last

Mailing Address _____

City: _____

State and ZIP _____

County of _____

Residence: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

*(required)

• Have you previously attended SCCC? ___ Yes ___ No

If yes,

- Student ID # _____

- If attended with a different name, provide

name: _____

• Citizenship: United States of America ___ Yes

___ No

If **not** Alien Reg#

_____ Country _____

• Gender: ___ Male ___ Female ___ Non-Binary

• Date of Birth: ____/____/____

• Social Security Number: _____ - _____ - _____
(optional)

• Ethnicity: ___ Non-Hispanic ___ Hispanic

Indicate your race (check all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Course Selection:

Course # & Section	Course Title (e.g. English Composition)
HEA-5008-01-NC	EMT Basic On Campus
HEA-5009-01-NC	EMT Refresher On Campus

Signature: _____ Date: _____