



**SOUTH  
SUBURBAN  
COLLEGE**  
Department of  
**ALLIED HEALTH &  
CAREER PROGRAMS**

# **EMERGENCY MEDICAL TECHNICIAN/ EMT BASIC APPLICATION**

Please print or type when completing this form and return it to:

Department of Allied Health Room 4457  
South Suburban College, 15800 S. State Street, South Holland, IL 60473  
(708) 596-2000, ext. 2204

***Do not return this application until all steps are complete.***

**Application Term:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Colleague ID Number:** \_\_\_\_\_ **Daytime Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Shirt Size (choose one):**      S      M      L      XL      XXL

**Please Note: A SSC Application and Official High School Transcript or GED MUST be on file in the Admissions Department, room 2348. A qualifying placement test score is also required before admission to the program. Please come to room 4457 for information pertaining to Mandatory Drug Testing and Background Checks.**

**Prerequisites:**

- *Completion or tested out of RDG 082 and English 098*
- *A current CPR card is required and must be current throughout the program*

***All of your information must be submitted or your application will not be processed.***

***Admission to South Suburban College does not guarantee admission into the EMT Program. Additionally, if you are not admitted for the year you are applying for, you must resubmit an application for the following year.***

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***PLEASE NOTE: All transcripts must be on file in the Admissions & Records area. All information must be on file or your application will not be processed.***