

EMERGENCY MEDICAL TECHNICIAN APPLICATION

NAME _____
Last First M.I.

APPLICATION FOR: Summer Fall Winter Spring

S.I.D. #: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (day): (____) _____ PHONE (eve): (____) _____
area code area code

E-MAIL: _____ CELL PHONE: (____) _____
area code

WHY DO YOU WANT TO TAKE THIS CLASS?

Applicant's Signature. _____ Date _____

A NON-REFUNDABLE APPLICATION FEE OF \$35.00 MUST BE PAID BEFORE YOUR APPLICATION WILL BE PROCESSED. Please pay the fee to North Seattle College Cashier. **You must have an NSC student ID number to pay the application fee.** Email the Application, Test Proctor Fee form, and Credit Card Authorization form to the cashier. Payment can be made with major credit or debit cards.

Finally, email 1) your completed EMT Application, 2) Test Proctor Fee form, and 3) cashier receipt, showing the \$35.00 application and \$35.00 Test Proctor Fees as paid to: **EMT.NSC@seattlecolleges.edu**
(Cashier note: fee code EQ)

TEST SCORE: _____

DATE NOTIFIED: _____ YES _____ NO _____ WAITLIST#: _____

NOTIFIED BY: _____