University of South Alabama Bachelor of Science in Emergency Medical Services

Application for admission to the Professional Component

Requirements for Admission:

- 1. Submission of completed application by deadline (Fall applications May 1st). Include \$50.00 non-refundable application fee.
- 2. Completion of a state-approved (meeting DOT guidelines) or nationally accredited paramedic education program.
- 3. Evidence (in good standing) of either a current paramedic license (in USA) or national registry certification. (Attach a copy)
- 4. Submission of a *Statement of Purpose* describing professional goals and career aspirations.
- 5. Minimum GPA of 2.0 in all pre-requisites courses, and minimum University GPA of 2.0.
- 6. Drug test and background check required. Admission contingent upon a negative drug screen and satisfactory background check.

Name of applicant:		USA student number J00						
Home phone	Cell phone	Cell phone						
Local address:		City	State	Zip				
Permanent address		City	State	Zip				
Social Security number		Email address						
Please list the name and pho	one number of your emergence	cy contacts.						
Name:	Relation Relation	shipship	Phone number () Phone number ()					
EMS program at the Unive Include any professional or List all educational institution	on the back of this form, plead ersity of South Alabama. Inc er community activities not lis ons you have attended since h City/State	clude information ted elsewhere on high school:	about your academic ob this application.					
ist all work experience								
	City/State	Dates of En	nployment	Position				
		Dates of En	nployment	Position				
		Dates of En	nployment	Position				
List all work experience: Company		Dates of En	nployment	Position				

APPLICATION/PAYMENT SUBMISSION MAY BE COMPLETED VIA MAIL, PHONE, FAX, E-MAIL, OR IN PERSON.

4	Methods	of pay	vment	are	accepted:
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- 1. Money Order/Cashier's Check (made payable to USA EMS Education)
- 2. Cash
- 3. Check (make payable to USA EMS Education)
- 4. Credit/Debit Card (see instructions below)

TO PAY BY CREDIT/DEBIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

EXPIRATION DATE:	RESS
NAME ON CARD:	
MAILING ADDRESS FOR RECEIPT:	