

UT Southwestern Medical Center/EI Centro College

REQUEST FOR EMT ADMISSION

(Please print or type)

Name:	
Mailing Address:	
Home Telephone:	
Email Address:	
Current Employer:	
Position:	
Have you had other medical or Allied Health Training or experience?	___ Yes ___ No. If yes, Please state where and when: _____
Can you attend a class that meets full time(Including approximately 4 weeks classroom from 7:30am-3:30pm; 1 week rotating shifts during hospital experience, 7am-3pm, 3pm-11pm and 11pm-7am; and 1-24 hour shift)? ___Yes ___No	
Of the class dates listed on the EMT Course Schedule , which class is your 1st choice? _____ and 2nd choice? _____	
What do you intend to do with your EMT training/certification? _____ _____ _____	

Attach a copy of the EI Centro Testing Scores in order to be considered for enrollment.

CONTINUED

"I attest that the above information is true to the best of my knowledge. I will notify the Program Director at UT Southwestern Emergency Medicine Education in writing if any of the above information changes."

Signature _____

Date _____

**Return to: EMERGENCY MEDICINE EDUCATION
Admission Coordinator
UT Southwestern Medical Center at Dallas
5323 Harry Hines Boulevard-MC 9134
Dallas, Texas 75390-9134
(214)648-5246**

FOR OFFICE USE ONLY	
Date Received	
Admission Priority	
Reading	
Math	