PITTCC Continuing Education

EMS STUDENT DATA INTAKE FORM

P.O. Drawer 7007 • Greenville, NC 27835 Phone: (252) 493-7388

ConEd Fax: (252) 321-4626 • Law Enforcement Fax: (252) 321-4549 • pittcc.edu/ConEd

Any individual 16 years old or older may register for a Continuing Education course. Students under the age of 16 may take Defensive Driving courses at any time throughout the year, but are not allowed to register for other classes with the exception of personal enrichment courses offered during the summer term (May 16-August 14).

☐ **I attest certify that I am under the age of 18 and that I have completed the Leon's Law Acknowledgment Form.**

Instructions: Type or print in ink, respond to all questions completely, use your legal name, and return completed application to the PCC Representative.

Name _____ **Colleague ID** _____
Last *First* *Middle/Maiden*

Address_____**City**_____**State**_____**Zipcode** _____

County_____ **County of Residence**_____**State or Residence** _____

Country_____**U.S. Citizen** ☐YES ☐NO **Email** _____

Home Phone_____**Work Phone**_____**Cell Phone** _____

Social Security Number (LAST 4 DIGITS):_____**Date of Birth:**_____ **Gender:** ☐MALE ☐FEMALE ☐PREFER NOT TO SAY
(Recommended-but not required)

Ethnicity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Race:
☐ Asian
☐ American Indian or Alaska Native
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

How did you hear about this course? Please check only one.
☐Advertisement ☐Corporate Contact ☐Personal Initiative ☐Recruitment Activities ☐Referral ☐Other _____

Check one of the following graduation types:
☐ High School Graduate
☐ Did not graduate High School
☐ High School Equivalency Completion
☐ Adult High School Graduate
☐ Current High School Student or High School Equivalency Student

Name of High School attended or High School Equivalency received from: _____

Student Type:
☐ Not Applicable
☐ Employee
☐ Fire & Rescue/EMS/Law Enforcement
☐ Senior Citizen
☐ Dual Enrollment
☐ Inmate

Employment Status (Please check one):
☐ Retired
☐ Unemployed - Not Seeking Employment
☐ Unemployed - Seeking Employment
☐ Employed 1-10 hours per week
☐ Employed 11-20 hours per week
☐ Employed 21-39 hours per week
☐ Employed 40 or more hours per week
Employer_____
Address _____

Highest educational level completed (Please check one):
☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐7 ☐8 ☐9 ☐10 ☐11 ☐12
☐ High School Equivalency
☐ Adult High School Diploma
☐ One Year Vocational Degree
☐ Associate Degree
☐ Bachelor's Degree
☐ Master's Degree or Higher

Check All That Apply: ☐ Volunteer Fire, Volunteer Rescue _____(agency)
☐ DOC/Division of Adult Corrections _____(agency)
☐ Paid Law Enforcement, Paid Fire/EMS _____(agency)

Provider Level: ☐ **EMR** ☐ **EMT** ☐ **AEMT** ☐ **Paramedic**

Job Title: _____

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. _____ _____
Signature *Date*

** Programs at PCC that prepare students for professional licensure(s)/certification(s) are designed to prepare a student to apply for applicable licensure/certification in North Carolina. In order to ensure whether the program meets requirements for professional licensure(s)/certification(s) outside North Carolina, PCC recommends the student contact the program Director/Dean/ Coordinator prior to enrolling in the program.*