



ACC Health Sciences Selective Admissions Application  
**Fall 2023 ASSOCIATE DEGREE EMS A45340**

**OFFICE USE ONLY**

Final Score: \_\_\_\_\_  
 App Date: \_\_\_\_\_  
 Admitted Seat #: \_\_\_\_\_  
 Alternate Alt #: \_\_\_\_\_  
 Not Admitted: \_\_\_\_\_

Mail or Deliver this Application to:

Alamance Community College Office of Admissions  
 Attn: Health Sciences Selective Admissions Coordinator  
 P.O. Box 8000 • 133 Gee Building • Graham, NC 27253-8000

**Application Deadline: May 15, 2023**

**APPLICANT INFORMATION**

Please PRINT or TYPE the information below. It is the responsibility of the applicant to notify ACC in advance of submitting this application of any name, address or telephone changes. This application must be filled out entirely.

Name: \_\_\_\_\_ ACC Student ID#: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET APT. NUMBER

\_\_\_\_\_ Telephone: \_\_\_\_\_  
CITY STATE ZIP

ACC Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

**APPLICATION CHECKLIST**

- I attended the **mandatory EMS Information Session** on: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)  
 (NOTE: Attendance date cannot be more than 2 years old.)
- New, Continuing or Former ACC Students: I have completed or updated my ACC Application for Admission & NC Residency.
- I have attached a copy of my **ACC Unofficial Self Service Transcript**. I understand that my final grades, including all applicable transfer credits must be posted on my ACC transcript at the time I submit the EMS Program Application. (Log-in to Self Service Portal to secure this **FREE** unofficial document.)
- I have attached a copy of my **National Registry EMT or NC EMT Credential**.

	Certification/License Number	Expiration Date
NC EMT Credential or NREMT		

- Provide 3 letters of recommendation. The letters of recommendation can be emailed to accemsdept@alamancecc.edu
- I have attached my 1-page letter explaining why I want to become a paramedic.
- Other Documentation (**AHA BCLS credential, Veterans Combat Medic or Corpsmen Training, Medical Assistant, CNA, TIMS, NIMS**). Proof of **CURRENT** certification and or training must accompany the application to receive possible points. Expired documents will not be counted.

Student Last Name: \_\_\_\_\_ ACC Student ID#: \_\_\_\_\_

**Coursework Completed:** Please provide the information below for all completed courses from Alamance Community College and any other institutions attended. Please indicate if you are currently enrolled in a course this semester and the name of the college where you are taking the course(s). **ALL OFFICIAL TRANSCRIPTS MUST BE DOCUMENTED BY May 15, 2023!!!**

Courses or Transfer Equivalency:	Point Chart	Grade	Points	School & Year Taken	FINAL Grade Points  _____
BIO 163 or 168 - Anatomy & Physiology I (4 cr hrs)	A= 4 B= 3 C= 1				
BIO 169- Anatomy & Physiology II (4 cr hrs)	A= 4 B= 3 C= 1				
ENG 111- Writing and Inquiry	A= 4 B= 3 C= 1				
EMS 110 or 4200 - Emergency Medical Technician	A= 4 B= 3 C= 1				
MAT 143- Higher (3 cr hrs)  Sub: _____	A= 4 B= 3 C= 1				
<b>Total Grade Points</b>				=	
<b>Additional Points:</b> Veterans with combat medic or corpsmen training (15 points), At least 2 years of field experience as EMT or higher (15 points), Current AHA BCLS CPR certification (7 points) NIMS 100,200,700, & 800 (5 points), TIMS Certification or EVD (5 points)					<b>Add.Pts</b>
<b>Total Points Earned: Grade Points + Additional Points = 175 Max Possible Points</b>					

**NOTE:** The above courses never expire, however BIO 168 & 169 may only be attempted 3 times within the last 5 years (Withdrawals count as an attempt).

**NOTE:** ✓ If two applicants have the same total points, the date the student became a pre-ems student at ACC will be the tie breaker.

**Patient Contact Experience:**

List all healthcare experiences in which your responsibilities allowed for direct patient contact (i.e EMT, RN, aide, medical assistant, ambulance/fire service). **A signature from the supervisor verifying the information listed is required if the student intends to have quality points awarded for the experience.**

Employer / Agency _____	Supervisor's Name _____	Phone _____
Position/ Title _____	Start Date _____	End Date _____
Hours per Week: _____	<b>Verification Signature:</b> _____	
Employer / Agency _____	Supervisor's Name _____	Phone _____
Position/ Title _____	Start Date _____	End Date _____
Hours per Week: _____	<b>Verification Signature:</b> _____	
Employer / Agency _____	Supervisor's Name _____	Phone _____
Position/ Title _____	Start Date _____	End Date _____
Hours per Week: _____	<b>Verification Signature:</b> _____	

**NOTE:** Admission decision notification will be mailed/emailed by August 1, 2023. If not admitted, a new application MUST be submitted each year.

**I certify that all the information provided is accurate to the best of my knowledge.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_