

Application Statement

By signing this application, I verify the following:

- I understand that any error(s), omission(s), or falsification(s) in ANY part of this application or other supporting material will result in ineligibility in the application process.
- All of the information I have provided on this application and any accompanying material is true, complete, and accurate to the best of my knowledge.
- I understand that I am required to update my admission file if additional information becomes available relevant to my character and ability to complete the paramedic program.
- I have read and acknowledge that the additional costs that are not covered by the tuition will be my responsibility.

_____ I understand that the use of technology is essential throughout the paramedic
(Initial) program. I understand that I will be required to have access to a computer and high-speed internet for the duration of the program to complete homework, quizzes, and examinations. I understand that failure to have access to the required technology could cause me to be unable to complete the required assignments.

Signature: _____

Print Name: _____ Date: _____

I will be attending the following testing day (check one):

_____ Tuesday, July 16 @ 0900

_____ Wednesday, July 17 @ 0900

ADDRESS ALL CORRESPONDENCE TO:

Scott County EMS Paramedic Program

1468 Scott Valley Drive

Scottsburg, IN 47170

Phone: 812-754-0500

Fax: 812-754-0501