

Application for Admission

Emergency Medical Technician (EMT) Program

White Mountains Community College
Workforce Development and Community Education
2020 Riverside Drive, Berlin, NH 03570
(603) 342-3063
wmccworkforce@ccsnh.edu

DIRECTIONS AND INFORMATION FOR THE APPLICANT

1. Be sure to read and complete ALL pages of this application.
2. Please **type** all responses on the fillable application or print the document and complete using ink.
3. Please **sign** the application on Page 4.
4. **Emergency Medical Technician Applicants:** If you are accepted, you will need to request a copy of your high school transcript or GED-HiSET be sent directly to acole@ccsnh.edu or mailed to Annette Cole, Director of Workforce Development, 2020 Riverside Drive, Berlin, NH 03570.

If your application is accepted, you will need to comply with the following **COURSE PREREQUISITES:**

1. Must be 18 prior to the completion of the course 5/8/2026.
2. Must be enrolled as a student at WMCC by completing a registration packet and setting up student account.
3. If a student has had a felony conviction since age 18, they must reach out to the NREMT regarding their felony conviction policy. www.nremt.org
4. Must furnish instructor with a NH Criminal Background Check prior to 1/20/2026.
5. Must furnish instructor with vaccination history prior to 1/20/2026.

APPLICATION FORM

NAME: Last _____ First _____ Middle _____

Please list any other names used on school records _____

MAILING ADDRESS: Street/PO Box _____

City _____ State _____ Zip _____

TELEPHONE: Home _____ Work _____ Cell _____

PHYSICAL ADDRESS (if different from above): Street _____

City _____ State _____ Zip _____

EMAIL ADDRESS _____

DATE OF BIRTH _____
Month Day YearOPTIONAL: ☐ Male ☐ FemaleAre you a U.S. Citizen? ☐ Yes ☐ NoIf NO, are you a U.S. permanent resident? ☐ Yes ☐ No

Country of Citizenship _____

Current Visa Status _____

HIGH SCHOOL INFORMATION

High School C.E.E.B. Code _____

School Name _____

Address _____

City _____

State _____ Zip _____

High School Graduation Date _____
Month Day Year

OR

Year G.E.D. Awarded _____

COLLEGE(S) PREVIOUSLY ATTENDED

Name _____

City _____ State _____

Dates Attended _____

Degree _____

Name _____

City _____ State _____

Dates Attended _____

Degree _____

HEALTH INFORMATION**Do you have any health problems that may restrict your ability to perform the duties of an Emergency Medical Technician?**☐ Yes ☐ No

If yes, please explain:

REFERENCES

Please provide the names and contact information for two references who would recommend you for consideration to become an Emergency Medical Technician that we may contact.

Reference #1 _____

Reference #2 _____

SERVICES

If you are a student with a disability, or who suspects that you might have a disability, and are planning to enroll in the Emergency Medical Technician training, you may be eligible for a Reasonable Accommodation Plan (RAP) to assist you in accessing your EMT classes.

If you have questions about the accommodations process or want to apply for accommodations for the EMT classes, please contact the Accessibility Services Coordinator as soon as possible, preferably prior to the start of the program to ensure that your RAP can be in place as you begin the classes. College accommodations are not retroactive and are not in effect until you, the student, has shared your plan with and discussed your plan with your instructors.

Are you eligible for a Reasonable Accommodation Plan?

☐

Yes

☐

No

To apply for college accommodations, please fill out and submit a “Self-Referral for Support Services” form to the WMCC Accessibility Services Coordinator, along with the documentation of disability information detailed at the top of the self-referral form. The testing done to support your most recent IEP or 504 and/or documentation from a physician or mental health provider (must be within 3 years’ current) will be reviewed by the Accessibility Services Coordinator to determine whether you are eligible for accommodations for college classes. **You, the student enrolling in college classes**, must also contact the Accessibility Services Coordinator to set up a meeting (in-person, virtual or by phone) to discuss your learning strengths and needs. You will then work with the Accessibility Services Coordinator to develop a Reasonable Accommodation Plan (RAP) which you will sign, then share with your college class instructors. **Lynne Bacon** is the Accessibility Services Coordinator, and she can be reached via phone at 603-342-3059 or via email at lebacon@ccsnh.edu

Notice of Non-Discrimination

White Mountains Community College and the Community College System of NH do not discriminate in the administration of its admissions and educational programs, activities, or employment practices on the basis of race, creed, color, religion, ancestry or national origin, age, sex, sexual orientation, gender identity and expression, physical or mental disability, genetic information, or law enforcement, military, veteran, or marital status. This statement is a reflection of the mission of the Community College System of NH and refers to, but is not limited to, the provisions of the following laws:

- Title VI and VII of the Civil Rights Act of 1964, as amended
- The Age Discrimination in Employment Act of 1967 (ADEA)
- Title IX of the Education Amendment of 1972
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act of 1990 (ADA)
- Section 402 of the Vietnam Era Veteran’s Readjustment Assistance Act of 1974
- NH Law Against Discrimination (RSA 354-A)
- NH Law RSA 188-F:3-a.
- Genetic Information Nondiscrimination Act of 2008

Inquiries regarding discrimination may be directed to: Mark Desmarais, WMCC Vice President of Student Affairs 603-342-3009 mdeanmarais@ccsnh.edu Inquiries may also be directed to: Sara A. Sawyer, Human Resources at the Community College System of NH, 26 College Drive, Concord, NH 03301, 603-230-3503.

Inquiries may also be directed to the NH Commission for Human Rights, 2 Industrial Park Drive, Concord, NH 03301, 603-271-2767, FAX: 603-271-6339; and/or the Equal Employment Opportunity Commission, JFK Federal Building, 475 Government Center, Boston, MA, 02203, 617-565-3200 or 1-800-669-4000, FAX: 617-565-3196, TTY: 617-565-3204 or 1-800-669-6820.

TO BE SIGNED BY ALL APPLICANTS

I acknowledge that if my application is approved for this course, the official program registration packet I receive must be completed by August 26, 2025. Upon completion of the program, I will receive a certificate of completion from the WMCC EMT Program. This certificate entitles me to be eligible to take the written and practical NREMT Exam.

Once the courses and NREMT tests have been completed and I have received my certification documentation from the National Registry I must then complete and submit a New Hampshire EMS Provider Application. This license application is free and will need to be submitted with a legible photocopy of my NREMT card and a copy of my CPR certification card. I understand that all other licensing requirements for certification must be met prior to final authorization.

The information provided by the applicant on this admission application form shall be held confidential to the extent determined by Federal law and college policy. White Mountains Community College reserves the right to deny admission to any applicant who, in the judgment of college officials, does not qualify for admission. The college also reserves the right to require withdrawal of any student who does not satisfy the ideals of citizenship, character, or scholarship.

In accordance with the terms and conditions set forth in its publications, and if accepted, I agree to abide by the rules and regulations set forth in the publications and in the Student Handbook. I also agree that the college has permission to use any college-sponsored pictures in which my likeness appears.

This program requires submission of Official High School/GED/HiSET transcripts.

I certify that I have read and agree with the above, and that all information provided herein is true and complete.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY			
Action _____	Date _____		
Residency <input type="checkbox"/> IS <input type="checkbox"/> OS <input type="checkbox"/> NERSP			

ESSAY

On the final pages of this application please include a minimum of 2, but not more than 4 paragraph essay describing the following:

Why I want to become an Emergency Medical Technician

