

EMT APPLICATION CHECKLIST

1. EMT flyer.
2. Thoroughly read the Arizona Western College EMT Academy Guide.
3. Complete and submit the Student Information Form and EMS-152 Application Form.
4. Complete and submit the Memo of Understanding, and the assumption of Risks and Hold Harmless Agreement.
5. Complete the AWC Placement test with a reading score of 255 or higher, or completed English 101. Contact Testing Center in the 3C building at 928-344-7641 for testing days and times.
6. Submit proof of citizenship or residency (birth certificate, passport, residency card.)
7. Copy of Drivers License or State ID
8. Copy of your High School Diploma or GED.
9. TB Skin Test ([Yuma County Health Department](#)) or [Agile Occupational Medicine](#)
10. AHA Basic Life Support Card ([CPR Card](#)) must be turned in with your packet.
11. If you don't qualify for FAFSA and you need help with tuition, contact AZ@WORK, information pages attached.
12. You will receive registration information two to three weeks after the application deadline
13. **E-mailed application will NOT be accepted if the documents are NOT PDF**

Incomplete Applications will not be accepted.

The applicant is responsible for all costs that may be involved in the application process.

FOR QUESTIONS PLEASE CALL 928-317-6452



AWC Public Safety Institute Emergency Medical Technician (EMT) Program

Applications Available:

April 7th - June 23 for the Fall 2025

PSI Building Office

Monday – Thursday

7:00 am – 5:00 pm

- Must be at least 18 years of age
- Appropriate 255 + reading score, or ENG 101 completion
- Must have BLS (CPR certification)
- See the check-off list for additional requirements

The first day of class: Tuesday, August 19

Two Class Sessions:

Morning: TTH 09:00am - 1:00pm, Saturday 9:00am - 5:00pm

Afternoon: TTH 1:30pm - 5:30pm, Saturday 9:00am - 5:00pm

One Semester, 12 credit program

Program estimated cost Tuition and fees \$1,766. *Additional out of pocket cost for book and uniform.*

Arizona Western College does not discriminate in admission or access to, or treatment or employment in, its services, programs or activities regardless of religion, sex, creed, national origin, race, age, and disability or handicapping condition.

EMS-152 EMT Application

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

I. TO THE APPLICANT

This is not an application for employment, nor is employment guaranteed upon successful completion of the EMS-152.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704 AND §39-161 AND IS CAUSE TO DENY OR REVOKE ACCEPTANCE TO THIS ACADEMY.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation.

- a. Participation in criminal activity or behavior.
- b. Poor driving record.
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE INFORMATION

Your social security number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. Arizona Western College does not disclose SSN's in response to public record requests.

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. Do not leave blank answer spaces. Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

EMS-152

EMT Application

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

I understand that if approved as a student in this program, neither my acceptance as an open enrollment participant nor my eventual graduation from this academy, can be considered a guarantee of my eligibility for State EMT certification. The criminal history questions shall contain answers to aid in determining whether the person is eligible for certified status as an EMT. The questions shall concern whether the person meets the minimum requirements for this program.

INSTRUCTIONS:

Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound on or explain your answers. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle)

2. **Address:**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth** (Month/Day/Year):

6. **Place of Birth** (City/State):

7. **Social Security Number:**

8. **Student ID#:**

9. **email:**

10. **List any other names, DOB's or SSN's you have used:**

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Cell/Mobile Number:**

14. **Are you a citizen or legal resident of the United States?** Yes ☐ No ☐

***PLEASE ATTACH A COPY OF: Birth Certificate or other proof of citizenship or legal residency.**

15. **Do you have** (Check one): GED: ☐ High School Diploma: ☐ None: ☐

***Please attach a copy of one of the above.**

16. **Have you served or currently serving in the U.S. MILITARY:** YES ☐ NO ☐
*If YES attach the member copy of the DD 214.

17. CURRENT DRIVER'S LICENSE: YES <input type="checkbox"/> NO <input type="checkbox"/>		State:	
License Number:		Expiration Date:	
18. PREVIOUS DRIVER'S LICENSE INFORMATION: YES <input type="checkbox"/> NO <input type="checkbox"/> *List all states/countries where you have been licensed on the Continuation Sheet.			
19. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/> *If YES provide a full explanation on the Continuation Sheet.			
20. CRIMINAL CONDUCT:			
a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? *If YES provide a full explanation on the Continuation Sheet.		YES <input type="checkbox"/> NO <input type="checkbox"/>	
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? *If YES provide a full explanation on the Continuation Sheet.		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. Do you have any knowledge or information which may be relevant to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family associations, or traffic violations?			
*If YES provide a full explanation on the Continuation Sheet.			YES <input type="checkbox"/> NO <input type="checkbox"/>
22. Are you able to lift and carry at least 100 pounds, and to push and pull objects that weigh more than 50 pounds. YES <input type="checkbox"/> NO <input type="checkbox"/> *If No provide a full explanation on the Continuation Sheet.			
23. Have you had prior EMT certification/employment in any other states? YES <input type="checkbox"/> NO <input type="checkbox"/> *If YES provide the following information:			
Name of Agency	Dates of Employment		City
	From	To	State
24. Have you ever had your EMT certification Revoked YES <input type="checkbox"/> NO <input type="checkbox"/> *If YES provide a full explanation on the Continuation Sheet.			
25. CERTIFICATION: I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke certification.			
SIGNATURE OF APPLICANT: _____			DATE: _____

EMS-152

EMT Application

STATEMENT OF PERSONAL HISTORY AND
APPLICATION FOR OPEN ENROLLMENT
IN A COMMUNITY COLLEGE PROGRAM

Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

[illegible]



ARIZONA WESTERN
ENTREPRENEURIAL
COLLEGE

EMT Class Standards and Guidelines



Minimum Standards of Enrollment

1. The person shall be a United States citizen or a legal resident.
2. The person shall be at least eighteen (18) years of age before the application deadline.
3. The person shall be a high school graduate or have successfully completed a General Education Development (G.E.D.) examination.
4. The person shall have a Negative TB skin test prior to attending class.
5. The person shall not have been convicted of a misdemeanor or felony or any offense that would be a felony if committed in Arizona.
6. The person shall not have been dishonorably discharged from the United States Armed Forces.
7. The person shall not have been previously denied certified status, revoked or have his/her current certified status under suspension pursuant to ADHS/BEMS R-9-25-402.
8. You must be able to lift/drag 100 lbs. unassisted and 200 lbs. with assistance.

WELCOME TO AWC

We would like to take this opportunity to encourage you to increase your knowledge and expand your horizons. AWC is fully accredited and has been providing educational programs and services to Yuma and La Paz counties since 1963. The EMT Academy is a certified training institution by the State of Arizona and has been serving both counties since 1985.

ACADEMY INSTRUCTORS

All EMS instructors are certified by the State of Arizona and are currently working in basic and advanced life support services in both Yuma and La Paz counties.

ENROLLMENT PROCESS

The applicant must obtain and complete an application packet. Packets will not be accepted unless all requested materials are completed. This includes the Memo of Understanding, Risks and Hold Harmless form, the Statement of Personal History, and the Application for Open Enrollment. Prospective applicants must personally deliver the completed packet to the Public Safety Institute Secretary (PSI front desk). The applicant is financially responsible for all requirements that may arise. Upon acceptance of the application, the EMS Director will give signature authority to the applicant who will register for the class. Also, students are required to establish an AWC e-mail account.

AWC Placement Testing

This test is offered at the Campus Testing Center in the 3C Building, Monday through Thursday, from 7:00 a.m. to 5:00 p.m. For more information, call the Testing Center at 344-7641. Reading placement must be 255 or higher or ENG 101 completion.

EMT CERTIFICATION

Upon completion of the course, the graduate will be eligible for AZ Certification as an EMT and National Registry of Emergency Medical Technician Registration.

CREDIT HOURS

The EMT Academy consists of 12 college credit hours. There is an additional \$500 lab fee plus tuition cost. Tuition and fees are the responsibility of the applicant. Since the applicant is receiving college credit, he/she may be eligible for financial aid. For questions pertaining to financial aid, call (928) 344-7634.

COLLEGE CREDIT

Upon completion of the semester, a cadet will receive a total of 12 college credit hours.

ACADEMIC STANDARDS

Cadets must achieve a minimum score of 75% on all written and 80% on practical examinations. There may be additional success criteria for practical skill stations. Grades are cumulative. Assignments, exams, and essays are all computer-based. Other categories for grades will be disclosed during orientation.

You must successfully pass each exam with a minimum score of 75%. One retest will be permitted per exam, which you **MUST** successfully pass to remain in the program. You must pass every retest. If you retest an exam and are successful, your score will be recorded as 75%, no matter what you score on the retest. You must pass the final written exam with 75% or better. One retest shall be allowed on the final written examination.

The final practical examination will be conducted to the current standards of the NREMT. This requires that the cadet complete the required stations with at least 80% accuracy". Cadets completing the academy will take the written examination for the National Registry of Emergency Medical Technicians. Cadets must pass a final written and practical examination series to complete the academy successfully. The final written exam must be passed with a minimum score of 75% within two attempts.

ATTENDANCE

Absences may not exceed 12 hours.

IMMUNIZATIONS

The cadet must have a negative TB skin test prior to turning in the Application. Positive results must be confirmed non-communicable per physician via chest x-ray and/or other accepted diagnostic criteria.

LOCATION/TIME

Please refer to the class schedule for this information.

UNIFORMS

Once accepted to the program, cadets are responsible for purchasing their own uniforms. Uniforms are as follows:

- Arizona Western College, Public Safety Institute, EMS Cadet T-shirt (minimum 2). Contact the www.firehouseprinting.com or call 928-580-0563 regarding the purchase of the light blue polo T-shirt.
- Dark navy-blue work slacks/pants.
- Black leather or nylon work belt. No ornamentation such as studs or western type belt buckles are allowed.
- Black steel-toe work boots.

Equal Opportunity Policy and Students with Disabilities

Arizona Western College does not discriminate in admission or access to, or treatment or employment in, its services, programs, or activities on the basis of race, color, national origin, sex, religion, age (40+) or disability, in compliance with the laws of the United States and the state of Arizona. The College seeks to provide disabled or handicapped students with any reasonable accommodation in order to facilitate access to College classes and activities. Students seeking such accommodation should make an official request at Counseling/Advising Services or Disability Services located in the Student Services Building on campus. Any questions regarding the applicability of state and federal anti-discrimination laws to Arizona Western College and its services, programs or activities, and any grievances or claims of violation of such laws, should be directed to its compliance officer:

The Vice President for Business and Administrative Services 3C Building
P.O. Box 929
Yuma, AZ 85366-0929
(928) 344-7515

If you have questions or need more information, please contact the Public Safety Institute at (928) 317-6452.



Memo of Understanding

As an applicant for the Arizona Western College EMT Open Enrollment Program, I understand that all expenses involving the application process are my responsibility.

I further understand that if the Academy Director receives information during the process that would indicate difficulty in being hired by any agency, the process will be halted and my application rejected. I understand I will be notified that the process has been halted and monies for services rendered will NOT be refunded after the drop and add date.

As the sponsor of the open enrollment cadets, the college has the right to terminate the relationship anytime information concerning the unsuitability of a cadet to become an Emergency Medical Technician is received. At that point, the cadet would be notified of the decision and the type of information received. Any refunds will be given according to the standard Arizona Western College refund policy found in the general catalog. This decision may be appealed to the Dean of Instructional Services.

During the EMT Academy, I understand per the Rules and Regulations, I may be terminated for rule and regulation violations. Upon termination, any refunds would be according to the standard Arizona Western College refund policy found in the general catalog.

PRINT YOUR NAME: _____

SIGNATURE: _____ **Date:** _____



Assumption of Risks and Hold Harmless

In the EMT Academy, the student assumes certain risks associated with the duties of an Emergency Medical Technician. The Student agrees to hold harmless, and irrevocably release the College, its faculty and staff, and all participating agencies from any and all liability and claims related to participation in the EMT Academy.

BE ADVISED – you may come into contact with hazardous chemicals. The College will provide adequate instruction on the safe handling of hazardous chemicals and holds the student responsible for properly following instructions.

BE ADVISED – you must participate, at times, in strenuous physical activity. Including, but not limited to; physical training and ergonomic full-body stretching, climbing (stairways and uneven terrain), lifting medium to heavy objects (individually and as a team member), sustained exposure to severe environmental temperatures, and exposure to stressful situations involving medical, trauma, and grief-stricken patients. The student certifies that they are in good physical and mental health and are able to accomplish such activities.

I have read and understand this document. I hereby assume all risks and hold harmless the faculty, staff, and administration of Arizona Western College and any participating agencies and organizations.

PRINT YOUR NAME: _____

SIGNATURE: _____ **Date:** _____



NEED HELP FINDING A JOB?

Put Our Services and Programs To Work For You

- Posting your resume on the Statewide job database, Arizona Job Connection
- Providing career guidance and assessment
- Matching you with job opportunities that are the "right fit" for you
- Preparing you with customized training, education and skills development
- Hosting hiring events where you can connect with employers
- Assisting with specialized services for veterans, disabled job seekers, and others



YUMA COUNTY

Innovative Workforce Solutions

Career Resource Center & DES - Employment Services

3834 W 16th St.
Yuma, AZ 85364
(928) 329-0990
TTY: (928) 329-6466

Martin Luther King Jr. Youth Career Center

300 S 13th Ave.
Yuma, AZ 85364
(928) 783-9347
TTY: (928) 329-6466

Somerton Resource Center

201 N Bingham Ave. Suite 6
Somerton, AZ 85350
(928) 550-6064
TTY: (928) 329-6466



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Equal Opportunity Employer/Program -auxiliary aids and services are available upon request to individuals with disabilities.



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3826 W. 16th Street, Yuma, AZ 85364 (928) 329-0990 Fax (928) 783-1825 TTY: (928) 329-646

ORIENTATION AND ELIGIBILITY STEPS TO COMPLETE BY APPLICANT

Step 1 – Complete registration in ISDS <https://isds.ypic.com/> (about 2 min) save username and password for future check-in

Step 2 – Orientation (available virtually or in-person) – Schedule your orientation online at <https://isds.ypic.com/>, by Phone: 928-329-0990 ext. 3002, or email yumaonestop@ypic.com

Step 3 – Must Register in Arizona Job Connection state system <https://www.azjobconnection.gov/ada/r/> (about 30 min).

Step 4 – Attend Orientation (15 min) and meet with a One Stop Career Center representative afterwards (15 min) to discuss your next step in the process (if you decide to move forward an eligibility appointment will be scheduled, see step

Step 5 – Eligibility Appointment – Attend scheduled eligibility appointment (about 45 min) and submit the required documents on **Section A**

Eligibility Appointment Date: _____ **Time:** _____ **Location:** _____

Section A: Eligibility Documents

- Social Security Card (right to work / Citizenship)
- Identification Card – Federal/State or Local (Right to work / Citizenship / DOB) must be current
- Permanent Resident Card (non-US citizen/Eligible to work in the US)
- Selective Service Verification – (if applicable) Selective Service Registration card / Print out (<https://www.sss.gov/>)
- DD-214 (Veteran Status – If applicable)

Please note that additional documents on Section B are requested for those interested in training.

Section B: Eligibility Documents

Proof of Income

- No documentation needed if participant is receiving public assistance or has received it in the last 6 months, if not
- Pay stubs for everyone in the family unit that worked in the last 6 months
- Social Security Benefits Statement for everyone in the family unit, if applicable
- Pension/Annuity Statement
- WIOA Applicant Statement form (If there is no income, public assistance, pension, social security benefits, or annuity statement)

Proof of Family Size

- No documents needed if all family units are listed on public assistance printout
- Birth Certificates for all family members including participant
- Lease agreement if all family members are included
- Marriage Certificate (married couple only/no children)
- WIOA Applicant Statement form

After the eligibility process is complete you will be notified within 2 business days if you meet program requirements.

This is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities