

## **Allied Health Department**

# **Emergency Medical Services (EMS-501)**

## **Application**

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This one-semester course provides the student with the knowledge and skills to care for the ill or injured person in the pre-hospital setting. This course is taken to help the student prepare for working with the fire service or ambulance service. Successful completion of this course qualifies the student to sit for the National Registry certification exam which is a required certification for Fire Service or Ambulance service work. Hospital clinical, ambulance and/or squad ride-along is required.

**Fall: Application May 1 – May 15**  
**Mandatory Orientation: June TBA**  
**Acceptance Packet Deadline, July 15**

**Spring: Application October 1 – October 15**  
**Mandatory Orientation: November 19, 2025**  
**Acceptance Packet Deadline, December 15**

### **Submission Instructions:**

Applications may be submitted through either of these methods:

- Scanned and emailed to the [nursingandah@msjc.edu](mailto:nursingandah@msjc.edu) email address.
  - **Please Note:** Documents MUST be in PDF or JPEG format
  - MUST include subject line: **SP2026 EMS Application**

### **OR**

- Downloaded, printed and delivered to the Nursing and Allied Health Department during regular business hours. **Applications MUST be in a sealed envelope.**
- **Hours:** Mondays - Thursdays 8:00AM – 5:00PM

For assistance with any part of the submission process please contact the Nursing and Allied Health Department: 951-639-5577

## Mt. San Jacinto College

### Emergency Medical Services

#### *Have you submitted your MSJC Application?*

- New to MSJC - First Time Student
  - Apply to MSJC and please follow the steps:  
<https://www.msjc.edu/apply/new-students.html>
  - Complete MSJC Online Orientation
- MSJC Returning students **who have missed one primary semester (Fall/Spring)** do not need to re-apply and will automatically be sent a registration appointment to their MSJC email address.
- MSJC Returning students **who have missed more than one semester will need to re-apply** for admission to receive a registration appointment, which will be sent to their personal email address.
  - Submit MSJC Application at:
    - <https://www.msjc.edu/apply/returning-students.html>
  - Complete MSJC Online Orientation
- **K-12 High School Senior – Meet with High School Counselor**
  - Submit MSJC Application at:
    - <https://www.msjc.edu/apply/high-school-students.html>
  - Complete MSJC Online Orientation
  - Submit School/Parent Agreement Form and Transcript

**Mt. San Jacinto College**  
**Emergency Medical Services (EMS-501)**  
**Application**

**Instructions:**

- Fill out application completely and accurately.
- Print legibly (in ink).
- (See above for Submission Instructions)

**Student ID#** \_\_\_\_\_

**STUDENT IDENTIFICATION**

**1. STUDENT'S NAME** (Last, First, Middle)

**2. ADDRESS** (Street / PO Box)

**3. CITY**

**4. ZIP CODE**

**5. CURRENT CONTACT NUMBER**

**6. GENDER**      Male      Female  
Non-binary      Decline to state  
(Please select one)

**7. BIRTHDATE** (MM/DD/YEAR)

**8. MSJC STUDENT E-MAIL**

**9. PERSONAL E-MAIL**

**10. EMERGENCY CONTACT NAME & NUMBER:**

**Nursing and Allied Health Consent Form  
Mt. San Jacinto College**

I, the undersigned, authorize Mt. San Jacinto College Nursing and Allied Health Department to release information regarding myself to the Board of Registered Nursing and all affiliated Clinical/Hospital Sites. All information will be kept confidential and maintained as part of my records with the Mt. San Jacinto College. Additionally, all information will be used exclusively in the administration or delivery of services.

I hereby consent to the use of all images (photographs, videotapes, or film) taken of me and/or recordings made of my voice and/or written extraction, in whole for Mt. San Jacinto College and/or others with its consent, for the purposes of illustration, advertising, or publication in any manner.

I, the undersigned, will notify Mt. San Jacinto College Nursing and Allied Health Department of my Vaccination status and will provide documents to the Department as requested. I am aware I might be denied clinical placement from the affiliated Clinical/Hospital Sites if I am unable to provide proof of vaccination in order to perform clinical activities. This could affect my continuation in MSJC Nursing and Allied Health Programs.

This release shall remain in effect while accessing any service from Mt. San Jacinto College and throughout my enrollment and post attendance period under the Nursing and Allied Health Programs at Mt. San Jacinto College.

Printed Name \_\_\_\_\_ Student ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nursing and Allied Health Department Demographics Questionnaire**

To be submitted to the Chancellor's Office annually and for additional annual surveys/reports (Confidential).

**Please Note:** If this is not filled out in its entirety your application will be considered incomplete.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

1. Gender:

- ☐ Male  
☐ Female

- ☐ Non-binary  
☐ Decline to State

2. Race/Ethnicity:

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Hispanic or Latino  
☐ Middle Eastern or North African

- ☐ Native Hawaiian or  
Other Pacific Islander  
☐ White or Caucasian  
☐ Other \_\_\_\_\_

3. Language other than English that I am proficient in:

- ☐ American Sign Language  
☐ Arabic  
☐ Chinese  
☐ Farsi  
☐ Russian

- ☐ Spanish  
☐ Tagalog  
☐ Language of the Indian subcontinent  
and Southeast Asia  
☐ Other \_\_\_\_\_

4. Age at application: \_\_\_\_\_

5. Are you registered with Accommodation Service Center:

- ☐ Yes \_\_\_\_\_

- ☐ No \_\_\_\_\_

6. How many times did you take the TEAS exam:

- ☐ 1  
☐ 2  
☐ 3  
☐ 4

- ☐ 5  
☐ 6 or more  
☐ N/A, my program does not require the  
TEAS exam

7. Did you remediate for the TEAS:

- ☐ Yes \_\_\_\_\_  
☐ No \_\_\_\_\_  
☐ N/A

If yes, what date? \_\_\_\_\_

8. Are you a veteran, active duty or dependent:

- ☐ Yes \_\_\_\_\_  
☐ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

9. If you answered yes to number 8, what is your affiliation:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="radio"/> Active    | <input type="radio"/> Guardsman |
| <input type="radio"/> Veteran   | <input type="radio"/> Spouse    |
| <input type="radio"/> Reservist | <input type="radio"/> Dependent |

10. Are you a first-generation college student (has a parent or sibling graduated with a college degree):

- ☐ Yes \_\_\_\_\_ ☐ No \_\_\_\_\_

11. Have you ever violated the Student Code of Conduct at any College and/or University:

- ☐ Yes \_\_\_\_\_ ☐ No \_\_\_\_\_

12. One-way travel distance to campus:

- |                                   |  |
|-----------------------------------|--|
| <input type="radio"/> 0-10 miles  | <input type="radio"/> 31-40 miles      |
| <input type="radio"/> 11-20 miles | <input type="radio"/> 41 or more miles |
| <input type="radio"/> 21-30 miles |  |

13. Your Employers name: \_\_\_\_\_

14. Hourly wage: \_\_\_\_\_

15. Average weekly hours of employment:

- |   |  |
|---|--|
| <input type="radio"/> Currently not working | <input type="radio"/> 24-31 hours      |
| <input type="radio"/> Less than 8 hours     | <input type="radio"/> 32-39 hours      |
| <input type="radio"/> 8-15 hours            | <input type="radio"/> 40 hours or more |
| <input type="radio"/> 16-23 hours           |  |

16. Have you had previous experience working in health care: \_\_\_\_\_ If yes, how many years?

- |  |                                       |
|--|---------------------------------------|
| <input type="radio"/> Less than 1 year | <input type="radio"/> 6-8 years       |
| <input type="radio"/> 1-2 years        | <input type="radio"/> 9 years or more |
| <input type="radio"/> 3-5 years        |                                       |

17. Health care work experience:

- |  |  |
|--|--|
| <input type="radio"/> None                             | <input type="radio"/> Medical Assistant MA               |
| <input type="radio"/> Licensed Vocational Nurse LVN    | <input type="radio"/> Health related military experience |
| <input type="radio"/> Certified Nursing Assistant CNA  | <input type="radio"/> Other _____                        |
| <input type="radio"/> Emergency Medical Technician EMT |  |

18. Did you move from out of state to attend this program:

☐ Yes\_\_\_\_\_

☐ No\_\_\_\_\_

19. Highest educational level completed:

☐ High school or equivalent

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree or above

20. Your educational goal:

☐ Employment Concentration/Certificate

☐ Associate's Degree

☐ Bachelor's Degree

☐ Graduate Degree

21. Your major (main area of study): \_\_\_\_\_

22. If your program requires prerequisites, which program prerequisites did you complete at MSJC:

Not Applicable	DMS	LVN Transition	ADN
<input type="radio"/> My program does not have prerequisites	<input type="radio"/> Anat-101 <input type="radio"/> Anat-102 <input type="radio"/> AH-105 <input type="radio"/> Comm-103 <input type="radio"/> Phy-100 <input type="radio"/> Math-100 or above <input type="radio"/> None	<input type="radio"/> Anat-101 <input type="radio"/> Anat-102 <input type="radio"/> Engl-101 <input type="radio"/> Math-100 or above <input type="radio"/> Biol-125 <input type="radio"/> Psyc-101 <input type="radio"/> None	<input type="radio"/> Anat-101 <input type="radio"/> Anat-102 <input type="radio"/> Engl-101 <input type="radio"/> Math-100 or above <input type="radio"/> Biol-125 <input type="radio"/> None

23. Are you eligible to receive financial aid:

☐ Yes\_\_\_\_\_

☐ No\_\_\_\_\_

If yes, select all that apply:

☐ California College Promise Grant and/or Program

☐ Pell Grant

☐ GAIN

☐ JOBS

☐ JTPA

☐ SST

☐ General Assistance

☐ AFOC

☐ Single with income below \$7,500

☐ Couple with income below \$15,000

☐ \$1,000 for dependent children

☐ Other\_\_\_\_\_