



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

**Advanced EMT Certificate**

**1 semester**

**Program Advisement Form**

The program advisement form is required for admissions to the Advanced EMT Certificate. Students applying to the Advanced EMT certificate will be accepted to the EMS Professions program and given Industry Certification credit for the EMT courses based on proof of current EMT or EMT-Basic (with successful completion of Georgia State Office of Emergency Medical Services and Trauma (SOEMST) EMT-B to EMT update course); or proof of successful completion of EMSP 1110, EMSP 1120, EMSP 1130, EMSP 1140, EMSP 1150, AND EMSP 1160 or EMSP 1210, EMSP 1211, EMSP 1220, EMSP 1221, EMSP 1230.

**Please complete Applicant Information below:**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Student Number:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Phone:</b>			
<b>GTC Email Address</b>		<b>Alternate Email Address</b>	

**Please select the Campus and Start Term for which you are applying:**

<input type="checkbox"/> <b>LAWRENCEVILLE CAMPUS - Please select your start term &amp; note the application deadline</b>	
<b>Spring Semester:</b> October 10 Prerequisite Deadline: End of Fall Term <b>Day Classes;</b> 2/week	<b>Spring Semester:</b> October 10 Prerequisite Deadline: End of Fall Term <b>Night classes;</b> 3/week

**Please read and initial each of the following statements:**

- \_\_\_\_\_ I have verified my admissions file is complete and I have been accepted to Gwinnett Technical College.
- \_\_\_\_\_ I understand I must be in good academic standing at the time the program starts.
- \_\_\_\_\_ I understand I must be 18 years of age at the time program starts.
- \_\_\_\_\_ I understand criminal background checks and drug screens are required based on the requirements for participation in clinical experiences.
- \_\_\_\_\_ I understand I must provide proof of current EMT-Basic (with successful completion of Georgia State Office of Emergency Medical Services and Trauma (SOEMST) EMT-B to EMT update course); or proof of successful completion of EMSP 1110, EMSP 1120, EMSP 1130, EMSP 1140, EMSP 1150, EMSP 1160 or EMSP 1210, EMSP 1211, EMSP 1220, EMSP 1221, EMSP 1230.
- \_\_\_\_\_ I understand that students will be sent a confirmation email within one week after deadline. Students are required to respond to the email to secure a spot in the program and register for classes.
- \_\_\_\_\_ I understand that it is my responsibility to return this completed form to the Health Team at Enrollment Support Center at [healthapp@gwinnettech.edu](mailto:healthapp@gwinnettech.edu).

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Enrollment Advisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Student has completed and active admissions file</b>	<b>Student has submitted all previous transcripts</b>
<b>Student is in good academic standing</b>	<b>Student's Driver's License and/or P-Card have not expired</b>

Gwinnett Tech does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status. For compliance concerns, contact Lisa Richardson, Section 504/ADA, Title IX and Equity Coordinator, at [LRichardson@gwinnettech.edu](mailto:LRichardson@gwinnettech.edu), 678-226-6691, Building 100/A, Office 515.A