



EMS



Application Form

Date of Application: _____

Name:		Mailing Address:
Date of Birth:	Telephone #:	Email:

EMT:
EMT classes are one semester in length

Semester: Fall _____ Spring _____ Summer _____

Location: Richmond Campus: Day _____ Evening _____
 Wharton Campus: Evening _____
 Other: _____

ADVANCED EMT:
AEMT classes are one semester in length

Semester: Fall _____ Spring _____

Richmond Campus: _____ Wharton Campus: _____
 Day Class Evening Class

PARAMEDIC:
EMT-P classes are two semesters in length

Semester: Fall _____ Spring _____
 Class meets in Wharton

Please return completed application to:
 Wharton County Junior College
 EMS Program
 911 E. Boling Highway
 Wharton, Texas 77488
 FAX: 979.532.6541
 EMAIL: ems@wcjc.edu

The required student information packet will be sent to you for the requested class.