



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

# Paramedicine Diploma/Degree/ Certificate

3 semesters

## Program Advisement Form

The Program Advisement Form is required for admissions to the Paramedicine Certificate/Diploma/Degree. **Applicants must hold current certification and/or licensure as an: EMT I/85; EMT I/99; AEMT; or EMT and successful completion of all AEMT coursework. Prerequisite Diploma and/or Degree courses are not required for Paramedic Certificate.**

### Please complete Applicant Information below:

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

### 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>Summer Semester: March 22 (Certificate)</b> Day classes; 2/week	<b>Summer Semester: March 22 (Diploma)</b> Prerequisite Deadline: End of <b>Spring</b> Term Day classes; 2/week	<b>Summer Semester: March 22 (Degree)</b> Prerequisite Deadline: End of <b>Spring</b> Term Day classes; 2/week
<input type="checkbox"/> <b>ALPHARETTA - NORTH FULTON CAMPUS - Please select your start term &amp; note the application deadline</b>		
<b>Spring Semester: October 10 (Certificate)</b> Day classes; 2/week	<b>Spring Semester: October 10 (Diploma)</b> Prerequisite Deadline: End of <b>Fall</b> Term Day classes; 2/week	<b>Spring Semester: October 10 (Degree)</b> Prerequisite Deadline: End of <b>Fall</b> Term Day classes; 2/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 have verified that I have been accepted to the Paramedicine Certificate/Diploma/Degree.
- \_\_\_\_\_ 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 FYES 1000 (unless exempt) must be completed before beginning the program. Except not needed for Certificate program.
- \_\_\_\_\_ I understand I must hold current certification and/or licensure as an: EMT I/85; EMT I/99; AEMT; or EMT and successful completion of all AEMT coursework.
- \_\_\_\_\_ I understand completion of prerequisite courses and meeting other minimum requirements, does not guarantee selection to the Paramedicine Certificate/Diploma/Degree program, as there are a limited number of seats available in the occupational and clinical courses.

## Paramedicine Diploma/Degree Prerequisites

\*To be completed by Diploma/Degree Applicant only\*

Required Prerequisite Courses for Degree or Diploma *Required for Paramedicine Degree <small>Prerequisite Diploma and/or Degree courses are not required for Paramedicine Certificate</small>	Letter Grade Earned or IP (in progress)	Semester Completed
ENGL 1010: Fundamentals of English I <b>or</b> *ENGL 1101 Composition and Rhetoric (3)		
MATH 1012: Foundations of Math <b>or</b> *MATH 1111 College Algebra (3)		
PSYC 1010: Basic Psychology (3) <b>or</b> *PSYC 1101 Intro to Psychology (3)		
*FYES 1000: First Year Experience (2)		
**ALHS 1011: Structure and Function of the Human Body (5) <b>OR</b>		
***BIOL 2113: Anatomy and Physiology I (3); <b>AND</b>		
***BIOL 2113/L: Anatomy and Physiology I Lab (1) <b>AND</b>		
***BIOL 2114: Anatomy and Physiology II (3); <b>AND</b>		
***BIOL 2114/L: Anatomy and Physiology II Lab (1)		
<b>**Courses must be completed within 5 years of the program start</b>		

Please read and initial each of the following:

\_\_\_\_\_ I understand that students applying to the Paramedicine Certificate/Diploma/Degree 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 [healthteam@gwinnettech.edu](mailto:healthteam@gwinnettech.edu) or in person by appointment only at the Lawrenceville campus.

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

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

*For staff use only*

<input type="checkbox"/>	Student is in good academic standing	<input type="checkbox"/>	All previous transcripts have been received
<input type="checkbox"/>	Student has an active Admissions file	<input type="checkbox"/>	Student has "in-progress" classes
<input type="checkbox"/>	All prerequisite courses completed with a minimum grade of <u>C</u>	<input type="checkbox"/>	# of in-progress courses
<input type="checkbox"/>	Student's Driver's License and/or P-Card have not expired	<input type="checkbox"/>	Student is accepted to Paramedicine Certificate/Diploma/Degree

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, Office 407.

March 2024