



Military Medic Program Application

Complete this form and return along with the required documentation to: Health and Human Services Building, EMS Program, Marv Helmker, 515 N. Washington Square-HHS 108, Lansing, MI 48933, or fax to 517-483-1508.

Please note: If you are not an LCC student you must fill out an LCC application. Admission information, including a link to an online application, can be found at <http://www.lcc.edu/admissions/applynow/>

Please PRINT

Legal Name: _____
Last First Middle

Date of Birth: _____ LCC Banner Student #: X

Address: _____

City: _____ State: _____ Zip Code _____

Preferred Telephone Home Cell Home (____) _____

Cell (____) _____ LCC Email Address: _____

Military Service

- 1) What is your current military status?
 - ACTIVE DUTY
 - NATIONAL GUARD
 - RESERVE
 - DISCHARGED

If discharged, did you receive an honorable discharge? YES NO

- 2) In which branch/branches of the Armed Services are/were you a member?
 - ARMY
 - NAVY
 - AIR FORCE
 - MARINES
 - COAST GUARD

List dates of military service and military occupation area. Official military transcripts must be provided by applicant as a requirement of the program.

Armed Service	Dates	Military Occupation

Do you have any physical, medical, emotional, or personal conditions/problems that would:

- | | | |
|---|-----|----|
| 1) Prevent you from completing ANY or ALL course requirements | YES | NO |
| 2) Jeopardize other's health or safety? | YES | NO |
| 3) Jeopardize your own health or safety? | YES | NO |

IF yes to any of the above, please explain.

Have you ever been convicted of a criminal offense? YES NO

IF yes, please explain. (Note: Failure to provide this information may result in elimination from the application process/program).

ACKNOWLEDGEMENT

I understand that I must meet the basic requirements for admission to my program. I also understand that I must take full responsibility for the following:

1. Having official transcripts for all college or professional school work sent as required to the Enrollment Services Office.
2. Notifying the Military Medic Program of any changes in health since my original application that may affect my ability to complete the program.
3. Updating information on the Application (including current address and telephone number) if any changes occur prior to my starting the program.
4. Meeting all application deadlines established for my program.

I understand that if I am not admitted to my program of choice during an admission cycle, I will be required to reapply for admission during a subsequent admission cycle.

The information that I have provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

If you have questions, please contact Marv Helmker at (517) 483-1530.