



South Florida State College

HEALTH SCIENCES ADVISING REFERRAL FORM

EMT• 2810

Student Name: _____ GID: _____

The above referenced student has been advised for this specific program and has met the admission qualifications as follows:

- _____ 1.) Student has a current SFSC application on file.
- _____ 2.) Student has submitted their official high school and college transcripts to SFSC.
- _____ 3.) Student meets minimum age requirement of 18 years old.
- _____ 4.) Student has completed the required prerequisite of: EMR (Emergency Medical Responder) course. If student has not completed EMR course, advisor must contact EMS Department @ 784-7278 for approval.
- _____ 5.) Advisor has emailed a scanned copy of this signed referral form (pdf format) to the student's personal email address and has advised the student that they must upload this form in the application process to apply to program
- _____ 6.) Student has been advised to go to the EMS webpage and apply to the EMT program.

Advisor/Counselor Signature: _____

Date Advised: _____



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