

**WALLACE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES**

EMS Handbook Acceptance

I, _____, have received a copy of the EMS Student Handbook and are fully aware of program needs and information about the Wallace Community College EMS Program. I understand that my admission into the EMS Program is conditional and dependent upon my ability to perform the essential functions identified by the Alabama Department of Public Health, positive background screening, and negative drug screening.

Student Name: _____

Student Signature: _____

Student Number: _____

Date: _____