

BARTON COUNTY COMMUNITY COLLEGE

Application Checklist

Student Name _____
Last First Middle.

Student ID # _____ Date: _____

<u>Requirements:</u>	<u>Date:</u>	<u>Initial:</u>
• Barton Application	_____	_____
• Paramedic Application	_____	_____
• Physical Form	_____	_____
• Student Health Form	_____	_____
• Proof of Immunization Documentation	_____	_____
<input type="checkbox"/> TB <input type="checkbox"/> Tetanus <input type="checkbox"/> MMR <input type="checkbox"/> Hep B <input type="checkbox"/> Varicella <input type="checkbox"/> Flu		

Notes: _____

- Official Transcript
 - High School OR GED _____
 - **All College's** _____
- General Education Requirements _____
- EMT, EMT-I or AEMT Card _____
- Health Insurance Card _____
- (2) Professional letters of recommendation _____