**BARTON COUNTY COMMUNITY COLLEGE**

**Application Checklist**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle.

Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirements: Date: Initial:\_

* Barton Application \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Paramedic Application \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Physical Form \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Student Health Form \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Proof of Immunization Documentation \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

TB Tetanus MMR Hep B Varicella 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 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_