Three Rivers College
The Community College of Southeast Missouri

Admission Application for ALLIED HEALTH PROGRAMS

Mail application to: Three Rivers College, 2080 Three Rivers Blvd, Poplar Bluff MO 63901
Phone: 573-840-9672 Fax: 573-840-9055

Please clearly mark the desired program of study. Official transcripts must accompany application or be on file in Enrollment Services.

☐ Paramedic	Deadline: March 1st of the year program is offered
☐ Surgical Technology Program	Deadline: June 1st of the year program is offered

- Application must be received in the Allied Health Office by the close of business day on the indicated deadline date.
- You must take application to the Enrollment Services Office ***prior*** to the Allied Health application deadline.
- Applications are not processed or considered complete until the application is received in the Allied Health Office.
- Admission criteria are published in the current on-line college catalog.
- **Completion of this application does not constitute admission to the program of study**.

Personal Information

Please Print Clearly in Ink.

Social Security No. ____/____/____ Name_____
Last First Initial Maiden

Address_____
Street City State Zip County of Residence

Home Phone_____ Work/School_____ Cell Phone _____

Email _____ Resident of Three Rivers College District? ___yes ___no

Education Background Information

Name of High School _____
City State

Graduated High School (year) _____

GED (year) _____
Score City State

Other College/University _____
Name of School City/State Dates Attended #Credit Hours/Degree Earned

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Note: PARAMEDIC program applicants must be at least 18 years of age before the first day of class. The completed application and the following must be on file in the Allied Health Office the application deadline:

- ***Copy of current Missouri EMT-Basic license***
- ***Copy of current BLS Healthcare Provider card***
- ***Letter of reference from Ambulance Director***
- ***Letter verifying ambulance work experience***

Surgical Technology: application and verification of High School Diploma or GED on file in the Allied Health Office by the application deadline.

I certify that I am physically and mentally able to perform the usual duties and functions (with reasonable accommodations if necessary) of a lab technician and that all the forgoing information is correct. I understand that if any of the above facts have been misrepresented, it will be sufficient cause for being declared non-eligible or being dismissed.

_____ _____
Signature of Applicant Date