

CENTRALIA COLLEGE

EMT – BASIC

Documentation Checklist



Student Name:

Required Prior to Packet Acceptance:

Apply to Centralia College (<https://apply.ctc.edu/>)

Program – Professional Technical

Degree – Emergency Medical Technician

Student Financial Responsibility Agreement

Forms included in this packet to be turned in at the CTE Office:

Class Registration

Sponsorship / Intent to Pay

Class Shirt Order Form

High School Diploma, GED, or Graduation Assurance

Criminal History Consent Form

Washington State Patrol Background Check

FOR OFFICE USE ONLY

Student ID: _____

Date Received: _____

Received By: _____

DL/DoB Verif: _____

ACKNOWLEDGEMENT STATEMENTS

Initials

I acknowledge that I may be required to provide complete and accurate documentation of my immunization history, including the dates of all doses received. Required immunizations include, but are not limited to: COVID-19, influenza, Tdap, MMR, and Hepatitis B.

Initials

I understand that while Centralia College does not require the COVID-19 vaccine, some clinical partners may. I am responsible for verifying clinical site requirements prior to registration. If a clinical site requires the COVID-19 vaccine and I choose not to be vaccinated, I may be required to submit a "Record of Vaccine Declination" form (filled out during the course).

Note: Do not attach vaccination documentation to your registration materials.

Initials

I attest that I am, or will be, at least 18 years of age within one year of the course completion date.

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Joy Anglesey, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, 360-623-8943, or joy.anglesey@centralia.edu.



Student Financial Responsibility Agreement

All Centralia College students are bound by the Student Financial Responsibility Agreement (SFRA) upon course registration. The Agreement outlines the financial terms and conditions associated with your registration. By registering for classes, you assume financial responsibility and agree to the terms of this Agreement.

If you have questions or would like more information about the Centralia College Student Financial Responsibility Agreement, please contact the Cashier's Office or email the Cashier's Office at cashieroffice@centralia.edu

PAYMENT OF FEES/PROMISE TO PAY

I understand that by signing up for classes at Centralia College, I am responsible for paying all tuition, fees, charges, and other costs related to my education. I agree to pay all these charges by the due date(s).

I understand that my classes may be taught in different formats like in-person, online, or a mix of both, and that the teaching method could change due to special circumstances. Regardless of the format, I agree to pay all my bills to Centralia College by the due date(s).

If I don't pay my bills by the due date, or if I owe money because of extra financial aid that I received, I understand that this debt is a student debt. Student debts must be paid and are not dischargeable in bankruptcy, unless a bankruptcy court finds that payment imposes an undue hardship. This debt includes any late fees, interest, and collection costs, as explained below in Section 2, "Delinquent Account/Collection."

I also understand that if a payment to my account is returned by the bank for any reason, I will still owe the original amount, plus a fee of \$25, along with any interest and late fees.

DELINQUENT ACCOUNT/COLLECTION

Registration Hold

If I don't pay my tuition, fees, housing fees and costs, or return extra financial aid when I'm supposed to, Centralia College may put a hold on my account. This means I won't be able to sign up for more classes until I pay all past due balances or make a payment plan with the college.

Note that under RCW 28B.10.293 the institution is required to "disclose to students through a secure portal or email and the class registration process the following at the start of each academic term: (a) the amount of debt, if any, owed by the student to the institution; (b) information on payment of the debt, including who to contact to set up a payment plan; and (c) any consequences that will result from the nonpayment of the debt."

Late Payment Charge

If I don't pay what I owe by the due date, Centralia College will charge me 1% interest on the unpaid amount each month, plus any other late fees. You can check WA State policy on late fees via RCW 43.17.240. These amounts will be added to my total outstanding balance.

Collection Costs and Fees

If I don't pay my balance or arrange for and adhere to a payment plan, Centralia College may send my debt to a collection agency. I understand that I will be responsible for the full debt, including interest, late fees, penalties, collection costs and fees including reasonable collection agency fees, attorney fees, court costs and fees, and any other fees allowed by law. Collection fees and/or court costs will not exceed 30% for the first collection effort and will not exceed 40% for any additional collection effort.

COMMUNICATION

Billing Methods

Centralia College will send my billing information through ctclink and/or via email. I know that I am responsible for checking my ctclink account and emails regularly. If I don't check my bills, I still have the responsibility to ensure that all charges on my account are paid by the due date(s). Also, if there are any mistakes in the billing process, I still need to pay the correct amount owed.

Contact Information

I allow Centralia College and its representatives to contact me about my unpaid bills using the phone numbers, mailing addresses, or email addresses I've provided. They can use automated calls or dialing systems, pre-recorded messages, text messages, or personal calls and emails. I am responsible for updating Centralia College if my contact information changes and, while I'm a student, I will do this through the ctclink portal. When I am no longer a student, I am responsible for keeping College records up to date with my current mailing address and contact information.

GOVERNING LAW / JURISDICTION

This agreement is the complete agreement between me and Centralia College regarding the payment of any financial obligations that I owe to the College. It is governed by the laws of Washington State. Any legal disputes related to this agreement will be handled in the courts of Lewis County, Washington, and I agree to the authority of those courts.

I have read and understand this agreement. By signing this agreement, I accept all its terms.

I understand and agree that by marking the box to the left when submitting the form in Paper Format, I am confirming my intent to register for the selected course/program, and this constitutes Acceptance of the above agreement.

Student Printed Name [First Middle Last]: _____

Student ID Number: _____

Student Date of Birth [Month Day, Year] _____

Student Signature: _____

Date: _____



ENROLLMENT SERVICES
CENTRALIA COLLEGE
 600 Centralia College Blvd
 Centralia WA 98531
 360.623.8976
 admissionscc@centralia.edu

CLASS REGISTRATION FORM

Term: Summer Fall Year _____
 Winter Spring

 CTCLink ID# Last Name First Name Middle Initial

 Student SSN

Your social security number is confidential and, under a federal law called the Family Education Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. Disclosure of your SSN# is in compliance with state/federal requirements. Disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcript, assessment or accountability research. Failure to submit your social security number may result in a financial penalty by the Internal Revenue Service.

 Mailing Address Previous Name (if applicable)

 City State Zip Day Phone

 Email Address Birthdate Evening Phone

DROP CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)
	TOTAL			
Financial Aid Signature (Required for complete withdrawal)			Advisor Signature (as needed)	

ADD CLASSES	CODE	COURSE DESC/SEC	CR	Instructor Signature (as needed)	
		TOTAL			
		Variable Credit Class Change only below			
	CODE	CLASS DESC	CREDIT FROM	CREDIT TO	Advisor Signature (as needed)

A. Program/Degree Seeking

1. _____ 2. _____

DATE _____ STUDENT SIGNATURE REQUIRED _____

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu. Updated 04/2025

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Sponsorship & Intent to Pay



Registration priority is based on agency affiliation/sponsorship. You may register without an agency affiliation/sponsorship.

Note: To obtain provider certification, you must provide proof of active membership with a licensed aid or ambulance service, or an EMS service recognized by the department. [WAC 246-976-141](http://www.wa.gov/wac/default.aspx?cite=246-976-141)

STUDENT INFORMATION

Student Name _____
ctcLink ID _____
Email Address _____
Phone Number _____

INTENT TO PAY	
<input type="checkbox"/>	Agency Paying
<input type="checkbox"/>	Tuition
<input type="checkbox"/>	Fees
<input type="checkbox"/>	Other
<input type="checkbox"/>	Student Paying

I acknowledge and understand the refund and withdrawal policy.

Initials Refunds are as follows: 100% prior to the first class, 90% the first week, 50% the second week, and 40% the third week. There are no refunds on books.

AGENCY AFFILIATION

Information to be filled out by an agency representative. This indicates the above-listed student is affiliated with the agency.

Fire District or Agency _____

Name of Responsible Person/Officer _____

Signature of Responsible Person/Officer

Date

AGENCY SPONSORSHIP

Information to be filled out by an agency representative. By completing this section, the agency assumes responsibility for payment.

Billing Contact Person _____

Billing Phone Number _____

Billing Email Address _____

Billing Address _____

Street Address

City

State

Zip

Signature of Responsible Person/Officer

Date

I acknowledge and understand the refund and withdrawal policy.

Initials Refunds are as follows: 100% prior to the first class, 90% the first week, 50% the second week, and 40% the third week. There are no refunds on books.

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Class Shirt Order Form



EMT students are required to wear their class t-shirts to lecture and lab classes. For clinical experience, students are required to wear their EMT polo, slacks, and appropriate shoes. This will be discussed more in class.

STUDENT INFORMATION

Student Name _____

Email Address _____

Phone Number _____

EMT T-SHIRT

Please indicate the appropriate size for each option below.

T-Shirt Size **S** **M** **L** **XL** **Other** _____

Polo Size **S** **M** **L** **XL** **Other** _____

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Graduation / GED Assurance



I submit this form as evidence that I am a high school graduate or have completed the general equivalency diploma (GED) test:

Student Name _____ **SSN:** _____

School Name: _____

School Address _____

Street Address

_____ **City**

_____ **State**

_____ **Zip**

Date Completed: _____

WAC 246-976-141: EMS Certification Requirement

To obtain provider certification, you must provide proof of a high school diploma or GED for EMT, AEMT, and paramedic level certifications.

I affirm under penalty of perjury that I am a high school graduate or have passed the GED test, or that I will be prior to state licensure. I understand that the state may verify this information and that providing false or misleading information may result in the denial of my application and/or the revocation of my certification.

This is required by the State of Washington Office of Emergency Medical Services and Trauma Systems.

Student Signature

Date

CENTRALIA COLLEGE

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Criminal History Consent



Policies and Procedures

1. Students and volunteers are made aware of this process prior to completing a student's background check.
2. This form must be submitted to the Instruction Office before the student or volunteer reports for their assignment.
3. The criminal history check results will be kept in a confidential file in the Instruction Office and program-specific offices where such files are needed to determine eligibility.
4. If the results reveal a conviction(s), the conviction information is provided to the outside agency considering the student's or volunteer's placement. The outside agency makes a determination as to whether the placement of the student or student volunteer is appropriate in their facility. Eligibility or opportunities to be placed in an off-campus facility may be withdrawn.
5. Students are provided a list of convictions that may eliminate them for consideration at an off-site employer.
6. The college serves a wide variety of people, including children under the age of 16. Particular emphasis is placed on checking for convictions defined in Washington State Law, Chapter 43.43.830 RCW, "Crime against children or other persons."

Consent Statement

I hereby authorize Centralia College, or its designee, to obtain background information, including but not limited to convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency, including other states and the FBI. I understand that I am signing this statement under penalty of perjury. I understand that any untruthful, purposefully misleading, or deliberate omission may result in my immediate disqualification or dismissal from my identified course and/or program.

Student Name

Date

Student Signature

Quarter



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- \$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
 - For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
 - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
 - Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle
Alias/Maiden Name/Other Names Used _____
Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name _____
Address _____
City State ZIP Code
Contact Phone Number () _____

Would you like your results e-mailed or mailed? (Please select only one)

- Mailed (It may take 7 to 14 business days for response, when mailed.)
- E-Mailed*

E-Mail Address _____
Password _____

(Password must be 8-15 characters)

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.