



# VCU

## VCU Paramedic Program Medical College of Virginia Campus

School of Medicine  
Center for Trauma and Critical  
Care Education

### Spring 2018 Pre-hospital Point of Care Ultrasound (POCUS) Acceptance Form

West Hospital, 15<sup>th</sup> Floor, South Wing  
1200 East Broad Street  
P.O. Box 980044  
Richmond, Virginia 23298-0044

804 828-4204 • Fax: 804 828-0025  
TDD: 1-800-828-1120  
ctcce@vcu.edu  
www.ctcce.vcu.edu

#### CHECK ONE

I **accept** admission to the Spring 2018 VCU Pre-hospital Point of Care Ultrasound (POCUS) and accept financial responsibility for enrollment in accordance with policies set forth by Virginia Commonwealth University.

Michel B. Aboutanos, MD, MPH, FACS  
Medical Director

James H. Gould, Jr, RN, EMT-P  
Center Director

Kenneth L. Williams, MDiv, BS, EMT-P  
Paramedic Program Director

Basil R. Asay, RN, BS, EMT-P  
Assistant Director / Clinical Coordinator

***Disclaimer: Admission to the program does not guarantee that I will be able to successfully complete the program. VCU is not responsible for my acceptance or placement in the required clinical or field internship portion required by the program. Signature verifies your intent to accept and acknowledge of disclaimer.***

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I **do not** accept admission to the Pre-hospital Point of Care Ultrasound (POCUS).

#### CHECK ONE

I have previously been enrolled as a student at VCU or other Virginia college but to my knowledge have **no** current financial or academic holds, probation or suspensions.

I have not previously been enrolled as a student at VCU or other Virginia college.

STUDENT NAME (Print) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Instruction Sheet For VCU Enrollment Forms

### New Student Data Form

- Complete Name
- Student ID Number will be your Social Security Number unless you have a VCU V number.
- Confirm enrolling Spring Year 2018
- Answer the three questions for Non-Degree Seeking Students
- Complete the demographic information on the form, emergency contact information is important please provide.
- On page 2 of the document you will find the number that needs to be placed in boxes for the “County Code”

### Certificate of Eligibility

- Complete the information for the Permanent Mailing Address
- Student ID = SSN unless you have a VCU V number
- Confirm enrolling Spring 2018
- Course level check the box “I am registering for undergraduate level courses only”
- Eligibility Status check the box which represents your highest level of education to date.
- Complete Name and Address of School information for the school that you submitted for the transcript requested on the application
- Sign at Student Signature and enter date you signed  
This form is now complete at the heavy black line under your signature.

### Application for VA In-state Tuition

- Complete all information in Section A (All questions have to be answered as either “yes,” “No” or “N/A”)
- Sign the document under the question section of Section A and date (*If you are a dependent or are claimed as a dependent on someone else’s taxes you need to complete Section B with all questions answered and have it signed and dated*)

### Course Enrollment Form

- Complete Name
- Student ID = SSN unless you have a VCU V number
- Confirm enrolling Spring 2018
- Do Not complete any of the course information boxes go to bottom of the form
- Sign at Student Signature line and enter the date completed

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# NEW STUDENT DATA FORM

Name \_\_\_\_\_  
Last First MI Student ID Number 

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SEMESTER Fall  Summer  Spring  YEAR 2018

NEW NONDEGREE-SEEKING STUDENTS Please check "Yes" or "No"

- I have been out of high school for at least one year.  Yes No
- I have been suspended from another institution within the last five years.  Yes No
- I currently hold a college degree (bachelors or higher).  Yes No
- I am registered for at least one graduate-level course (level 500 or above)  Yes No
- I am a teacher enrolling for recertification purposes.  Yes No
- I have applied to attend VCU in the past.  Yes No
- I have used another name at VCU in the past.  Yes No

Other name \_\_\_\_\_

<b>LOCAL ADDRESS</b>			
Street _____			
City _____	State _____	Zip _____	
Telephone _____			
e-mail _____			

<b>PERMANENT MAILING ADDRESS</b>		same as local address? yes <input type="checkbox"/> no <input type="checkbox"/>
Street _____		
City _____	State _____	Zip _____
Telephone _____		

<b>EMERGENCY CONTACT INFORMATION</b>			
Name _____			
Street _____			
City _____	State _____	Zip _____	
Telephone _____			
Relationship _____			

**Office use only**  
**RES:**

DATE OF BIRTH 

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 / 

--	--

 / 

--	--

  
Month Day Year

SEX  Male  Female

CITIZEN COUNTRY 

--	--

--	--

  
US-U.S. citizen. Other than U.S., record country

INDICATE VISA TYPE 

--	--

--	--

Home State (Code VA for Virginia) 

--	--

ETHNIC BACKGROUND (Select one or more)

Are you Hispanic or Latino?  
 Yes  
 No

- Select one or more of the following racial categories to describe yourself:
- White
  - Black or African American
  - Asian
  - American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander



# CERTIFICATION OF ELIGIBILITY

**PERMANENT MAILING ADDRESS**

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Student ID Number

Telephone \_\_\_\_\_

SEMESTER  Fall  Summer  Spring YEAR 2018

**COURSE LEVEL (Check one)**

- Registering for undergraduate **and** graduate courses       I am registering for undergraduate courses only  
 Teacher taking courses for recertification only       I am registering for graduate courses only  
 Senior citizen taking courses for audit only

**ELIGIBILITY STATUS (Check highest level attained-check one only)**

- |                                                                             |                                                                            |                                                                |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 1-high school student                              | <input type="checkbox"/> 5-applicant admitted to VCU for future semester   | <input type="checkbox"/> 9-hold associate (2-year) degree      |
| <input type="checkbox"/> 2-high school graduate, not out of school one year | <input type="checkbox"/> 6-transient student from another college          | <input type="checkbox"/> 10-hold baccalaureate (4-year) degree |
| <input type="checkbox"/> 3-high school graduate, out of school one year     | <input type="checkbox"/> 7-former VCU undergraduate (not under suspension) | <input type="checkbox"/> 11-hold master's degree               |
| <input type="checkbox"/> 4-GED holder State: _____                          | <input type="checkbox"/> 8-former college undergraduate student            | <input type="checkbox"/> 12-hold doctoral degree               |

**NAME AND ADDRESS OF SCHOOL (corresponding to the eligibility status checked above)**

Institution Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DATES OF ATTENDANCE** \_\_\_\_\_

In order to receive undergraduate credit, a nondegree-seeking (special) student must have been out of school for at least one year for a first suspension or five years for a second suspension and must fall into one of the eligibility status categories three through 12 above. Special undergraduate students are limited to enrolling in a maximum of 11-credit hours per semester.

In order to receive graduate credit, a nondegree-seeking (special) student must fall into one of the eligibility status categories 10 through 12 above. Please read the Graduate and Professional Programs Bulletin and be aware of the general admission requirements therein as well as any special requirements in individual schools or programs.

I have read the eligibility statements above and understand that, if my eligibility is not established, I will not receive academic credit for courses taken at VCU nor will I be entitled to a tuition refund as a result of my ineligibility. I also authorize the above named school to release the information requested on this form.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CERTIFICATION OF ELIGIBILITY (to be filled out by school)**

**SECTION I: High school only**

- Graduate of this institution  
 Has attended this institution but has not graduated  
 We have no record of this student  
 Please indicate whether or not the student graduated from your school.

DATE GRADUATED \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

Institution Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II: College only (indicate the student's status)**

- Graduate of this institution: Degree \_\_\_\_\_ Date awarded \_\_\_\_\_  
 Has attended this institution but has not graduated  
 Currently attending this institution and not on academic suspension  
 Currently on academic suspension: Date of suspension \_\_\_\_\_ Date suspension expires \_\_\_\_\_  
 We have no record of this student

**COMMENTS** \_\_\_\_\_

Institution Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

When completed by school official, this form should be returned to: Virginia Commonwealth University, Records and Registration, 1015 Floyd Ave., room 1100, Richmond, VA 23284-2520. The administration of Virginia Commonwealth University appreciates your cooperation in forwarding this information.

# APPLICATION FOR VIRGINIA IN-STATE TUITION

Completion of this form is required by the commonwealth of Virginia if you are claiming entitlement to Virginia in-state tuition rates pursuant to Section 23-7.4 Code of Virginia. All questions must be answered. When not applicable, mark the N/A box. Section A must be completed by the applicant. Section B of this form must be completed by the parent/legal guardian or spouse if the applicant is a dependent. Supporting documents and additional information may be requested. Return this form with your application for admission. If this form is not submitted, you will be classified as a non-Virginia resident.

For office use only.  
Term  
R N

## Section A - Applicant

(Please Note: While this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.

1. Name \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_  
Last First M.I. Other (Last Name)  
 3. Date of Birth \_\_\_\_\_ 4. Citizenship  U.S.  Permanent resident alien, political asylum or refugee  Non-U.S. If non-U.S., give visa type \_\_\_\_\_

5. Where have you lived in the past two years? (List current address first. Include dates.)  
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

6. Students under the age of 24 are presumed to be dependent on a parent or legal guardian unless one of the following applies? (Place a check mark beside all that apply.)

- Age 24 or older as of the first day of the semester in which you intend to enroll
- Veteran or active duty member of the U.S. Armed Forces
- Graduate or professional student
- Ward of the court or was a ward of the court until age 18
- Both parents are deceased, no adoptive or legal guardian
- Legal dependents other than a spouse
- Independent student (attach federal and state tax forms)
- Married

7. Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent?  Yes  No  N/A

8. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  Yes  No  N/A

If Yes, does your spouse provide more than 50 percent of your financial support?  
 Yes  No  N/A

If "Yes" to either No. 7 or 8, Section B must be completed by a parent/legal guardian or spouse.

9. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year?  Yes  No  N/A

If yes, which state(s)? \_\_\_\_\_

10. For at least one year prior to the semester in which you will enroll, will you have:

- a. Filed a tax return or paid income taxes to Virginia on all earned income?  
 Yes  No  N/A
- b. Been a registered voter in Virginia?  Yes  No  N/A
- c. Held a valid Virginia driver's license?  Yes  No  N/A

11. Do you own or operate a motor vehicle?  Yes  No  N/A

If "Yes," has it been registered in any state other than Virginia during the past year?  
 Yes  No  N/A

12. Are you a member of the U.S. Armed Forces?  Yes  No  N/A

If No, go to No. 13.

- a. Have income taxes been paid to Virginia on all military income for the last year?  
 Yes  No  N/A
- If No, have income taxes been paid to another state?  Yes  No  N/A
- b. Does the current Leave/Earnings Statement reflect Virginia withholding?  
 Yes  No  N/A

If Yes, effective date of change to Virginia: \_\_\_\_\_  
 (Attach a copy of your LES and DD-2058.)

13. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?

Yes  No  N/A

If No, go to No. 14.

a. Have income taxes been paid to Virginia on all military income for the last year?

Yes  No  N/A

If No, have income taxes been paid to another state?  Yes  No  N/A

b. Does the current Leave/Earnings Statement reflect Virginia withholding?

Yes  No  N/A

If Yes, effective date of change to Virginia: \_\_\_\_\_  
 (Attach a copy of your LES and DD-2058.)

c. Has your parent/legal guardian or spouse claimed you as a dependent for federal and state income taxes?  Yes  No  N/A

14. Is your parent/legal guardian or spouse a retired military member, who currently resides in Virginia and resided in Virginia at the time of their retirement?

Yes  No  N/A

If No, go to No. 15. If Yes, effective date of change to Virginia: \_\_\_\_\_  
 (Attach a copy of your LES and DD-2058.)

15. If your spouse is in the military, will you have:

a. Resided in Virginia for the past year?  Yes  No  N/A

b. Paid income taxes to Virginia on all earned income?  Yes  No  N/A

16. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:

a. Resided in Virginia for the past year?  Yes  No  N/A

b. Paid income taxes to Virginia on all earned income?  Yes  No  N/A

c. Claimed you as a dependent for federal and state income tax purposes?  
 Yes  No  N/A

17. If you have lived outside Virginia for the past year, will you have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  
 Yes  No  N/A

b. Lived in a contiguous state to Virginia?  Yes  No  N/A

18. If your parent/legal guardian or spouse has lived outside Virginia for the past year, will the parent/legal guardian or spouse have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  
 Yes  No  N/A

b. Lived in a contiguous state to Virginia?  Yes  No  N/A

c. Claimed you as a dependent for federal and state income tax purposes?  
 Yes  No  N/A

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

Signature of applicant (required) \_\_\_\_\_ Date \_\_\_\_\_

Records and Registration use only  
 Date \_\_\_\_\_ Initials \_\_\_\_\_



**VCU** Division of Strategic Enrollment Management

VIRGINIA COMMONWEALTH UNIVERSITY

Section B - Parent(s) or Legal Guardian

If your parents/legal guardian or spouse provide over half of your financial support or claim you as a dependent, they must complete this section.

1. Name \_\_\_\_\_  
Last First M.I. Other (Last Name)

2. Relationship to applicant:  Father  Mother  Legal Guardian  Spouse

3. Citizenship  U.S.  Permanent resident alien, political asylum or refugee  Non-U.S. If non-U.S., give visa type \_\_\_\_\_

4. Where have you lived in the past two years? (List current address first. Include dates.)  
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

\_\_\_\_\_

\_\_\_\_\_

5. Will you have claimed the applicant as a dependent on your federal and state income tax returns for the tax year prior to the semester in which the applicant will enroll?  
 Yes  No  N/A
6. Will you have provided over half of the applicant's financial support for at least one year prior to the semester in which the applicant will enroll?  Yes  No  N/A
7. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year?  Yes  No  N/A  
 If yes, which state(s)? \_\_\_\_\_
8. For at least one year prior to the semester in which the applicant will enroll, will you have:  
 a. Filed a tax return or paid income taxes to Virginia on all earned income?  
 Yes  No  N/A  
 b. Been a registered voter in Virginia?  Yes  No  N/A  
 c. Held a valid Virginia driver's license?  Yes  No  N/A
9. Do you own or operate a motor vehicle?  Yes  No  N/A  
 If Yes, has it been registered in any state other than Virginia during the past year?  
 Yes  No  N/A

10. Are you a member of the U.S. Armed Forces?  Yes  No  N/A  
 If No, go to No. 11  
 a. Have income taxes been paid to Virginia on all military income for the last year?  
 Yes  No  N/A  
 If No, have income taxes been paid to another state?  Yes  No  N/A  
 b. Does the current Leave/Earnings Statement reflect Virginia withholding?  
 Yes  No  N/A  
 If Yes, effective date of change to Virginia: \_\_\_\_\_  
 (Attach a copy of your LES and DD-2058.)
11. Are you a retired military member, who currently resides in Virginia and resided in Virginia at the time of your retirement?  Yes  No  N/A  
 If Yes, effective date of change to Virginia: \_\_\_\_\_  
 (Attach a copy of your LES and DD-2058.)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, the applicant may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to this application, if I am requested to do so.

Signature of parent/legal guardian or spouse (required) \_\_\_\_\_ Date \_\_\_\_\_

Records and Registration use only  
 Date \_\_\_\_\_ Initials \_\_\_\_\_

# COURSE REQUEST FORM

NAME \_\_\_\_\_ Student ID Number \_\_\_\_\_

Last

First

MI

Student ID Number

INSTRUCTIONS Print Clearly

SEMESTER Fall  Summer  Spring  YEAR 2018

1. Check the appropriate transaction box.
2. Select alternates for courses you are adding.
3. Course information may be found in the Schedule of Classes

- Add for credit
- Add for audit
- Drop
- Withdraw

Alternative Selection:

Course Ref. No.	<input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/>	Subj.	<input type="text" value="E"/> <input type="text" value="M"/> <input type="text" value="S"/> <input type="text" value="A"/>	Course	<input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="1"/>	Sec.	<input type="text" value="C"/> <input type="text" value="9"/> <input type="text" value="9"/>	Cred.	<input type="text" value="3"/>
Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>

- Add for credit
- Add for audit
- Drop
- Withdraw

Alternative Selection:

Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>

- Add for credit
- Add for audit
- Drop
- Withdraw

Alternative Selection:

Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>

- Add for credit
- Add for audit
- Drop
- Withdraw

Alternative Selection:

Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>

- Add for credit
- Add for audit
- Drop
- Withdraw

Alternative Selection:

Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>

- Add for credit
- Add for audit
- Drop
- Withdraw

Alternative Selection:

Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>

**All students:** I understand I will not receive credit for these courses if my academic eligibility is not established.

**Graduate students:** I am prepared to document that I meet the requirements and prerequisites from the listed graduate-level course(s) as outlined in the current graduate bulletin and understand that I may be removed from the course(s) if I am not qualified.

**Special undergraduates:** Special non-degree seeking undergraduates are limited to 11 credit-hours per semester.

I affirm that I have read and abide by the University Honor System Policy, University Code of Ethics, University Academic Regulations and Student Financial Responsibility Statement contained in the VCU Bulletins.

Further I affirm that I will abide by VCU policies pertaining to responsible conduct of research, including the protection of human and animal research subjects, and that I have completed or will complete relevant training required by VCU and appropriate sponsoring agencies. For more information visit [www.research.vcu.edu](http://www.research.vcu.edu).

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR SIGNATURE *Kenneth L. Williams* DATE January 3, 2018

**Virginia Commonwealth University**  
Office of Records & Registration  
Division of Strategic Enrollment Management  
P.O. Box 842520 • Richmond, VA 23284-2520  
[www.vcu.edu/enroll/rar](http://www.vcu.edu/enroll/rar)

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**Make it real.**