



**EMS/Paramedic Technology Program  
EMT Program Admission Application**

The following must be included to be considered a completed application:

- EMT Program Admission Application
- Copy of valid driver's license or state issued identification
- Copy of current **BLS Provider** CPR certification

**Note: You must apply to BSC in addition to the EMT/Paramedic Technology Program, students will not be accepted into the EMT program until they have met all BSC admission requirements and have been accepted to BSC.**

**Submit completed applications to:**  
EMS/Paramedic Program Director  
Box 5587  
Bismarck, ND 58506-5587

## EMT Application Process

### Application Deadlines

Fall: July 20

Spring: December 1

1. Admission to Bismarck State College.
  - a. Apply as "Pre-Paramedic Technology" or as "EMT Certificate of Completion."
  - b. Check Campus Connection to ensure all of your "To Do List" items have been completed. Student cannot be admitted to the EMT course if they are not admitted to BSC due to an incomplete Admission file.
2. Complete application for EMT course: EMT Application.
  - a. Submit applications to: **Bismarck State College; EMS/Paramedic Program Director; PO Box 5587; Bismarck ND 58506.**
3. Complete the interview process with the EMS/Paramedic Program Director.
  - a. **Interview will be scheduled once the course application is received and reviewed.**
  - b. Following a successful application and interview process, students will be offered placement into the course as space allows. Students accepting this offer will need to pay a \$100 tuition deposit.
4. Upon acceptance into both BSC and the EMT course:
  - a. Students will attend program orientation and registration. There is no registration for EMS courses prior to this day. We will schedule this orientation and registration day after acceptance to the course.
5. Following acceptance, students will need to complete the Castlebranch Compliance Tracker (\$161 student expense) to ensure the following requirements are met: (Please note these are not BSC admission requirements, but are required for admission to clinical sites)
  - a. AHA BLS (Healthcare Provider) CPR
  - b. Background/Exclusions Check
    - i. No felony convictions. Misdemeanors will be reviewed on a case-by-case basis.
  - c. Vaccinations and screenings:
    - i. MMR- 2 vaccinations or titer (blood test).
    - ii. Varicella- 2 vaccinations or positive titer (blood test). (We cannot accept a statement or doctor note stating that you have had chickenpox or shingles.)
    - iii. Tetanus (Td/Tdap)- Current up to date (within 10 years).
    - iv. Hepatitis B series- 3 doses of vaccine or titer (blood draw); recommended, not required.
    - v. COVID-19 vaccination- 2 doses completed (Pfizer, Moderna) or 1 dose completed of Johnson & Johnson.
    - vi. Current year influenza vaccination- due by November 1 for Fall semesters.
    - vii. Tuberculosis Screening(TB)- 2 step TB skin test **or** QuantiFERON **or** T-SPOT.TB **or** negative chest x-ray.
  - d. 12 Panel Drug Screen
    - i. Forms are available only from the EMS/Paramedic Program Director.



**Bismarck State College**  
**EMS/Paramedic Technology Program**  
**EMT Program Admission Application**

Today's Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Under 18? Y N

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you ever been convicted of any violation of any federal, military, state or local laws (excluding non-criminal traffic violations)?  Yes  No

**If yes, please explain (note: official court disposition will be required upon acceptance into the program):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license or state issued identification card?  Yes  No

Do you have a current Healthcare Provider (BLS) CPR certification?  Yes  No

Expiration Date: \_\_\_\_\_

Have you ever worked with or volunteered with an ambulance service?  Yes  No

If Yes, EMS Squad Affiliation: \_\_\_\_\_

Squad Leader/Supervisor: \_\_\_\_\_

Have you previously applied to or participated in a EMT education program?  Yes  No

If yes, when and where? \_\_\_\_\_





and/or as necessary. I understand these test results and/or background information will be used to determine if I qualify to participate in the clinical portion of the BSC EMT/Paramedic Technology Program. I acknowledge and agree that the clinical/field facilities are the final decision makers regarding my eligibility to participate in the clinical/field rotation and will not hold the BSC EMT/Paramedic Technology Program accountable for decisions regarding my placement in the Clinical or Field Rotations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_