



EMS/Paramedic Technology Program
Paramedic Program Admission Application
2026-2027

Note: You must apply to BSC in addition to the Paramedic Program, students will not be called for an interview until they have made a completed application to BSC.

The following documentation will be required prior to acceptance into the program:

- ☐ Copy of valid driver's license or state issued identification
- ☐ Copy of current BLS CPR certification
- ☐ Copy of current NREMT or State EMS certification or license

Submit completed applications to:
EMS/Paramedic Program Director
Box 5587
Bismarck, ND 58506-5587
Or email to kelli.sears@bismarckstate.edu

Paramedic Application Process

Application Deadline

Fall: May 1 (late applications will be considered as space allows)

1. Admission to Bismarck State College.
 - a. Apply as "Pre-Paramedic Technology."
 - b. Check Campus Connection to ensure all of your "To Do List" items have been completed. Student cannot be admitted to the Paramedic Program if they have an incomplete admission file.
2. Complete application for Paramedic course: Paramedic Application.
3. Complete the consultation process with the EMS/Paramedic Program Director.
 - a. Interview will be scheduled once the course application is received and reviewed.
 - b. Following the application and consultation process, students will be notified of acceptance as space allows. Students accepting this offer will need to pay a \$100 tuition deposit.
4. Upon acceptance into both BSC and the Paramedic 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 (\$176 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 (Optional)
 - 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.
 - e. Current State Licensure or National Registry Certification at the Emergency Medical Technician (EMT) Level or Advanced Emergency Medical Technician (AEMT) level.

For additional information or questions contact:

Kelli Sears, MS, NR-Paramedic at 701-224-2695 or email kelli.sears@bismarckstate.edu



Bismarck State College
EMS/Paramedic Technology Program
Paramedic 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 American Heart Association BLS CPR certification? ☐ Yes ☐ No

Expiration Date: _____

Do you hold current NREMT or State certification or licensure at the EMT level or higher? ☐ Yes ☐ No

NREMT # _____ Expiration Date: _____

State # _____ Expiration Date: _____ State: _____

Years of experience in EMS: _____

EMS Squad Affiliation: _____

Squad Leader/Supervisor: _____

EMT: _____

Have you previously applied to or participated in a Paramedic level education program? ☐Yes ☐No

[illegible][illegible]

Are you capable of meeting the physical demands of the paramedic? ☐Yes ☐No

☐ Yes ☐ No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

All Accepted students will be required to create an account within Castle Branch. The student is responsible for any costs associated with their Castle Branch Account. This is including but not limited to; CPR certification, N95-Fit Testing, the Exclusions & Background Checks, the Drug Screening Process and Immunization Tracking. The one-time fee will be paid on-line directly from the student to Castle Branch and is approximately \$176.00

To the best of knowledge, I certify that the information on this application is true and complete. I am aware that any false statements made by me on this application could result in non-admittance or dismissal from the Paramedic Program.

Furthermore, my signature below indicates that I understand and consent to the release of the results of my drug and/or alcohol test(s), immunization records, and background/exclusions checks to the BSC EMT/Paramedic Technology Program and/or the clinical/field facility or their designees, as applicable 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: _____