



## **EMS/Paramedic Technology Program**

### **EMT Program Admission Application**

**2026-2027**

**Note: You must apply to BSC in addition to the EMT 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

#### **Submit completed applications to:**

EMS/Paramedic Program Director

Box 5587

Bismarck, ND 58506-5587

Or email to [kelli.sears@bismarckstate.edu](mailto:kelli.sears@bismarckstate.edu)

## EMT Application Process

### Application Deadline

Summer: May 1

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 Paramedic Program if they have an incomplete admission file.

2. Complete application for EMT course: [EMT 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.

4. Upon acceptance into both BSC and the EMT course:

- a. Students will register for classes with assistance from the Mystic Advising and Counseling Center.

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.

**For additional information or questions contact:**

Kelli Sears, MS, NR-Paramedic at 701-224-2695 or email [kelli.sears@bismarckstate.edu](mailto:kelli.sears@bismarckstate.edu)



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

Today's Date: \_\_\_\_\_ Applying for :  Summer 26  Fall 26  Spring 27

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: \_\_\_\_\_

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? \_\_\_\_\_

Please explain why you are interested in becoming an EMT?

Please list any medical or rescue related experience that you have, such as serving on a fire department, law enforcement, hospital, nursing home, etc.,

The NHTSA functional job analysis describe the physical demands of the EMT as:

"Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patients, the EMT's, and other workers well-being must not be jeopardized"

Are you capable of meeting the physical demands of the EMT?  Yes  No

Part of the training conducted requires that procedures taught in the classroom and lab be applied by fellow students, such as applying cervical collars, splints, backboarding, patient assessments, etc. Are you will to allow other students to practice these skills on you?  Yes  No

This program requires moderate time commitment outside of the classroom and lab, this includes study time and clinicals. Are you prepared to make such a time commitment?  Yes  No

The BSC EMT Program is a limited enrollment program. Therefore, please use the space below to summarize any additional information you wish to describe your full qualification and to let us know why you are the best candidate for entry to the EMT Program.

#### Information related to acceptance:

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, 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: \_\_\_\_\_

Date:

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