



EMS/Paramedic Technology Program

Paramedic Program Admission Application

Please note, as a limited enrollment program candidates will receive notification of acceptance as not all candidates are selected for acceptance.

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

- Paramedic Program Admission Application
- 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

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

Submit completed applications to:

EMS/Paramedic Program Director

Box 5587

Bismarck, ND 58506-5587

Paramedic Application Process

Application Deadline

Fall: July 20th

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 course if they are not
2. Complete application for Paramedic course: Paramedic Application.
 - a. Submit applications to: **Bismarck State College; EMS/Paramedic Program Director; PO Box 5587; Bismarck ND 58506.**
3. Complete the consultation process with the EMS/Paramedic Program Director.
 - a. Consultation will be scheduled once the course application is received and reviewed.
 - b. Following a successful application and consultation 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 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 (\$153 student expense) to ensure the following requirements are met:
 - a. AHA BLS (Healthcare Provider) CPR
 - b. N-95 Fit Test Record
 - c. Background/Exclusions Check
 - i. No felony convictions. Misdemeanors will be reviewed on a case-by-case basis.
 - d. Vaccinations:
 - 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. Tuberculosis (TB)- 2 step TB skin test **or** QuantiFERON **or** T-SPOT.TB **or** negative chest x-ray.
 - iv. Tetanus (Td/Tdap)- Current up to date (within 10 years).
 - v. Hepatitis B series- 3 doses of vaccine or titer (blood draw); recommended, not required.
 - vi. Current year influenza vaccination- due by November 1 for Fall semesters.
 - e. 12 Panel Drug Screen
 - i. Forms are available only from the EMS/Paramedic Program Director.
 - f. 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 Healthcare Provider (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: _____

When and where did you complete your previous EMS training?

EMT: _____

AEMT (If applicable) : _____

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

If yes, when and where? _____

Please explain why you are interested in becoming a Paramedic?

The Paramedic Program requires significant dedication and time commitment, not only in the classroom and lab, but also for clinical time and study time. Please explain how you are prepared to meet the time demands of the program.

The NHTSA functional job analysis describe the physical demands of the paramedic 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 Paramedics, and other workers well- being must not be jeopardized”

Are you capable of meeting the physical demands of the paramedic? 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, IV's, patient assessments, etc. Are you will to allow other students to practice these skills on you? Yes No

The BSC Paramedic 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 Paramedic 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, 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 \$153.00

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: _____