

## **Paramedic Program Application**

## Select your pathway Associate of Applied Science in Emergency Medical Services Paramedic Certificate First Name \_\_\_\_\_ Last Name \_\_\_\_ Other name(s) on academic records \_\_\_\_\_\_ Date of Birth \_\_\_\_\_ Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail Address Emergency Contact and phone number \_\_\_\_\_ List the high school you received a diploma from or GED. Include the graduation date. List colleges previously attended below: Degree/Certificate School School **Degree/Certificate**



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| <b>Printed Name</b>               | Signature       | Date                |
|-----------------------------------|-----------------|---------------------|
|                                   |                 |                     |
| Company                           | Title           | Years of experience |
| Company                           | Title           | Years of experience |
| Company                           | Title           | Years of experience |
| List work experience              | you have in EMS |                     |
| CPR Card expiration (             | date            |                     |
| Nebraska State EMT License Number |                 |                     |
| NREMT Certification               |                 |                     |



## **Paramedic Program Application**

A completed initial application includes the following items:

- The above completed application form
- Copy of NREMT or Nebraska EMT license
- Copy of valid CPR card
- Completion of Platinum Education EMT-P Math Assessment
- Completion of Platinum Education Paramedic Entry Assessment (EMT Level)

Completed applications can be submitted to the program director Betsy Mitchell at <a href="mitche12@wncc.edu">mitche12@wncc.edu</a>.

Following review of application and entrance exams scores, you will be contacted by the program to set up an interview. Upon completion of all application steps, you will be notified via email with an acceptance or denial letter.

Please contact the EMS program for any questions.

Program Director: Betsy Mitchell

Office phone: 308-635-6782 E-mail: mitche12@wncc.edu

Instructor/Clinical Coordinator: Payton Franklin

Office phone: 308-653-6736 E-mail: <u>franklip@wncc.edu</u>