Dakota College at Bottineau Paramedic Application

Applicant Information

Name (Last, First, MI):		
Date of birth:	Phone:	Mobile:
Current address:		
E-mail:	State:	ZIP Code:

EMS Information

Current EMS Affiliation:		Squad Leader:
EMS Affiliation address:		How long:
City:	State:	ZIP Code:
Phone:	Fax:	Role:
NREMT Cert #:	NREMT Exp Date:	Driver's License #:
NDEMT License #:	NDEMT License Expiration date:	
AHA Healthcare Provider CPR Exp Date:		

Please provide copies of your NREMT, driver's license and AHA Healthcare Provider cards with this application.

Have you ever been convicted of a felony? (If yes, please explain below)

Have you ever been subject to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state? (If yes, please explain below)

Have you ever participated in a Paramedic Program before?

If yes, when and where?

Emergency Contact

Name of a person not residing with you:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Technical Standards

The Paramedic Program requires the student to be able to perform numerous physical activities over the course of the program. Please review the technical standards included in this packet. Please sign the statement below if you will be able to perform all the required activities.

I have reviewed the technical standards required for the Paramedic Program and acknowledge that I am able to perform all activities required. Signature: Date:

Short Essay
Why do you want to take the Paramedic Program and what benefit will it be to you?

References (Need 2)		
Please have 2 letters of recommendation sent to Trinity Health, Attn: Paramedic Program, #1 Burdick Expressway W, Minot, ND 58701		
Name:	Address:	Phone:

Part of the training that is conducted requires that the procedures taught in the classroom be applied by fellow students such as cervical collars, backboards, IV's, patient assessment, etc… Are you willing to allow other students to practice skills on you? Yes or No
To the best of my knowledge, I certify that the information on this applications is correct. I am aware that any false statements made by me on this application could result in my being dismissed from the DCB Paramedic Program.

Signature of applicant:	Date: