



EMS/Paramedic Technology Program  
EMT Program Admission Application

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

EMT Program Admission Application

Copy of valid driver's license or state issued identification

Copy of current BLS Provider CPR certification

Note: You must apply to BSC in addition to the Paramedic Technology Program, students will not be accepted in the EMT program until they have met all BSC admission requirements and have been accepted to BSC.

Submit completed applications to:  
EMS/Paramedic Program Director  
Box 5587  
Bismarck, ND 58506

## EMT Application Process

### **Application Deadlines**

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 EMT course if they are not admitted to BSC due to an incomplete Admission file.



Bismarck State College  
EMS/Paramedic Technology Program  
EMT 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 criminal traffic violations)? Yes No

If yes, please explain (noted in 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 (HLS) 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 an EMT program? Yes No

If yes, when and where? \_\_\_\_\_

Please explain why you are interested in becoming an EMT

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Please list any medical or rescue related experience that you have as serving on a fire department, law enforcement

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and/or as necessary. I understand these test results and/or background will be used to determine if I qualify to participate in the clinical part of the BSC EMT/Paramedic Technology Program. I acknowledge and agree that the field facilities are the final decision makers regarding my eligibility to participate in the clinical rotation and will not hold the BSC EMT/Paramedic Technology Program accountable for decisions regarding my placement in the Clinical Field Rotations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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