



Nodaway County Ambulance District Paramedic Program



103 Carefree Drive
Maryville Mo. 64468

APPLICATION FOR EMT-BASIC & EMT- PARAMEDIC ADMISSION

General Information

Admission to Academic Start Year 2023-2024

Name _____ Social Security # _____
Last First MI

Date of Birth ____ / ____ / ____ Phone Number _____

E-mail Address _____ Cell Number _____

Address Information

Address _____ City _____ State _____ Zip _____

Personal Information

Gender: M F

USA Citizen: Y N If no, are you a Lawful Permanent Resident: Y N

If you are not a US Citizen or Lawful Permanent Resident, please write your legal US Immigration Visa status:

Attach any supporting documentation on Visa status

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> White/ Caucasian | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Black, Non- Hispanic | <input type="checkbox"/> Other |

Educational Background

High School Attended: _____ Graduation Date: _____
Name City State

Official High School Equivalency Certificate (formerly GED)- Date Received: _____ (Copy must be attached)

Programs Offered (Please check the program you wish to enroll in)

_____ EMT- Basic (Emergency Medical Technician)

Advanced Programs Offered

_____ Paramedic (Pre-Requisite- EMT-Basic)

References: 3 references (No current family members)

Please include:

Name, relationship, address, and phone number

I give permission for NCAD to use my photograph/work as part of their promotional materials. Yes No

I give permission to release my NCAD transcript to prospective employers upon their request. Yes No

I grant permission for the following parents/guardian to be given information from my files at NCAD if requested.

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

- I understand that as a condition of my acceptance to NCAD, a criminal background check/drug screen will be completed.

Student Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Relationship to student: _____

Phone #: _____ Cell #: _____

ENROLLMENT PROCEDURES

1. Submit Post-Secondary Application, **\$50 non-refundable application fee - \$100 for Paramedic**. This fee will be applied to your tuition. Paramedic/EMS students need to contact NCAD for additional enrollment pre-requisites.
2. Have a copy of your official FINAL high school transcript, or State Approved High School Equivalency Test, and any post-secondary transcripts, if applicable, sent to NCAD.
3. Schedule an appointment for admissions testing.
4. Pass the criminal background check.
5. Submission of 3 references with the return of application.