Nodaway County Ambulance District
Paramedic - EMT Program

103 Carefree Drive
Maryville Mo. 64468

APPLICATION FOR EMT-BASIC & EMT- PARAMEDIC ADMISSION

General Information

Admissisions Year____

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:

_____ American Indian or Alaska Native

_____ Asian

_____ Black / African American

_____ Native Hawaiian/ Pacific Islander

_____ White/ Caucasian

_____ White, Non-Hispanic

_____ Black, Non- Hispanic

_____ 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 Education programs, a criminal background check/drug sceen will be completed.**

Student Signature: _____ **Date:** _____

Emergency Contact Information

Name: _____ **Relationship to student:** _____

Phone #: _____ **Cell #:** _____

ENROLLMENT PROCEDURES

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