



# NATIONAL PARK COLLEGE

## EMERGENCY MEDICAL SCIENCES PROGRAM APPLICATION FORM

### Check Programs for which you are applying

Emergency Medical Services- Paramedic  
Emergency Medical Technician EMT

### Application Period

Jan 2- May 31- Fall Start  
Jan 2- May 31- Fall Start  
Jun 1- Sept 30- Spring Start  
Dec 1- Mar 31- Summer Start

### Degree

Technical Certificate  
Certificate of Proficiency- EMT  
Certificate of Proficiency- EMT  
Certificate of Proficiency- EMT

If you are applying for EMT, do you intend on working toward a technical certificate in Paramedic in the future?    Yes    No

Date of Birth: \_\_\_\_\_

NPC ID: \_\_\_\_\_

Print Name in Full: \_\_\_\_\_

Last Name

First Name

Middle Name

Address: \_\_\_\_\_

Number & Street

City

State

Zip

Cell Phone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*Please Print Legibly*

NPC Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Date of desired admission to this program: \_\_\_\_\_

Have you previously applied to this program?    Yes    No    Date: \_\_\_\_\_

Have you ever taken a college entrance examination?    Yes    No    Date: \_\_\_\_\_

ACT

SAT

Compass

Accuplacer

Other: \_\_\_\_\_

List information concerning high schools, colleges, or university attended:

Name of Institution	City & State	Dates (From - To)	Degree Received

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

If applying for Paramedic: Arkansas EMS Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you have any formal medical training?    Yes    No

If yes, please list licesnse type and license number: \_\_\_\_\_

Are you currently a volunteer firefighter?    Yes    No    If yes, Where? \_\_\_\_\_

(Please complete page 2)

How did you hear about this program? \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Because a person can find it difficult, if not impossible, to obtain a license to practice as an EMT/PARAMEDIC under certain conditions, please answer the following questions:

1. Have you ever been convicted of a felony or a misdemeanor? Yes No
2. Do you have a felony charge pending? Yes No

If yes on either of the previous questions, submit an explanation of the felony or misdemeanor, including dates and specific details. Place it in a sealed envelope addressed to the Dean of Nursing and Health Sciences and attach it to this application.

3. Have you ever had an EMT/Paramedic license in the past? Yes No

For your application to be considered complete you must:

1. Apply to NPC if you are not currently a student.
2. Attach official transcripts from all colleges or universities attended, including an unofficial transcript from NPC.
3. Attach a copy of standardized test scores (Accuplacer, ACT, or SAT) if you have never attended college.
4. Attach a copy of any certifications that you hold (CPR, PALS, PEARS, ASLS, etc...).

**IMPORTANT INFORMATION:**

**Please save the completed copy of this application and print. To finalize this application, submit a signed hard copy to the Division of Nursing & Health Sciences.**

Refer to the NPC website or the NPC catalog for the essential functions and/or technical standards required for each Nursing and Allied Health program before submission of this application. National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 760-4227 for reasonable accommodations under the American's with Disabilities Act (ADA) and for disability assistance information.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Emergency Medical Sciences programs. I understand that falsifying my application is dishonest and demonstrates a lack of integrity which could compromise my acceptance and/or licensure. \_\_\_\_\_ (PLEASE INITIAL)

I understand the health care industry requires a criminal background check and drug screening upon employment and random drug testing throughout employment. I also understand that a criminal background check will be required at the time of admission to the program. I understand that the Substance Abuse Policy of NPC Emergency Medical Science Programs may require drug testing during my enrollment for the following reasons: 1) Upon admission into the program. 2) Scheduled testing at unannounced times throughout the program. 3) Random testing as required by the clinical agencies. 4) For cause.

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

National Park College in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Higher Education Act does not discriminate on the basis of race, color, national origin, sex, or qualified handicap in any of its policies, practices, or procedures. The provision includes, but is not limited to, admissions, employment, financial aid, and other educational services. Any person having inquiries concerning NPC compliance with Title IX is directed to contact the Dean of Students Office on the second floor of the Student Commons or by telephoning (501) 760-4229.

**Return the Complete Application and all Documents to:  
Nursing & Health Sciences Division- Frederick Dierks  
101 College Drive: Hot Springs, AR 71913**