



PARAMEDIC PROGRAM APPLICATION PACKET

COURSE CONTENT

The Dakota College at Bottineau (DCB) Paramedic Program is rigorous and time demanding. There will be classroom sessions concurrent with both hospital and field clinical time and culminated by a capstone internship. During your paramedic education you will become certified in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Pre-hospital Trauma Life Support (PHTLS). At the completion of your paramedic training, you will be eligible to sit for the National Registry of EMT's Paramedic Certification Exam.

COURSE DURATION

The program starts the first week of June with anticipated completion the end of July the following year. The program runs continuously through the summer, fall, spring and summer academic semesters. Students must successfully complete all courses, clinicals and labs each semester to progress into the next semester of class. The student will be held to strict academic and attendance guidelines. Hospital and Field (Ambulance) clinical experiences are gained concurrently throughout the academic year with affiliated agencies.

APPLICATION CRITERIA

Application requirements for this program include:

- 1) You must be at least 18 years-old at the beginning of the course.
- 2) Current NREMT or NRAEMT at time of starting paramedic program.
- 3) Submit a completed Paramedic Technology Application including:
 - a) Driver's License (copy)
 - b) NREMT Card (copy)
 - c) American Heart Association Health Care Provider CPR Card (copy)
 - d) Signed Acknowledgement of course Demands
 - e) Signed Confidentiality Agreement
- 4) Two letters of recommendation.
- 5) Provide proof of current immunizations (Hepatitis B, Tetanus and TB test (within the past 12 months) prior to starting paramedic training.
- 6) Proof of a completed background check.
- 7) Proof of acceptance to Dakota College at Bottineau

Please send this completed packet and all the above criteria to:

Trinity Riverside Education
Attn: Paramedic Program
1900 8th Ave SE
Minot, ND 58701

You also must meet all admission requirements of Dakota College of Bottineau, which includes a separate application process. Contact the admissions office by calling 1-800-542-6866, emailing at dcb.admissions@dakotacollege.edu or visiting the website at <http://www.dakotacollege.edu> and select Admissions & Financial Aid from the top menu, and click on Apply for Admission. On the application for admission, you will select the following as your Major/Program Information:

Major/Program: Liberal Arts/Transfer
Degree/Plan: AS-Liberal Arts/Transfer
Academic Term: -Please Select-
Sub-Plan: Pre-Paramedic

You will receive an email from Student Services notifying you of your admissions status and requirements. **The background check for the Paramedic Program is completed during the DCB admissions process.** If you have any questions regarding this process, please contact Heidi Hauf at Student Services. She may be reached at heidi.hauf@dakotacollege.edu or 701-228-5487.

APPLICATION DEADLINE

Applications to the paramedic program must be received by April 1st for consideration to the incoming class.

Each candidate's application will be reviewed by the committee, after which time notices will be sent informing the applicants of the dates and times of interviews. During the interviews, applicant's attitude, professionalism, motivation, dependability, ability to communicate, and desire to succeed and readiness for the program will be evaluated.

Please contact the Paramedic Program directly for questions about the application, class information or acceptance process. The DCB admissions office will not be able to answer any specific questions about the Paramedic Program. Please contact Mary Jund at (701) 852-9483 ext 115 or email questions to her at mary.jund@dakotacollege.edu.

Acceptance into the DCB Paramedic Program is at the discretion of the review committee.

I have read and understand the mandatory requirements for enrollment in the program. If accepted into this program, I agree to abide by the state of North Dakota and DCB Paramedic Program rules, regulations, ordinances, and policies pertaining to emergency medical services, as well as any and all directives of the Medical Program Director.

Applicant Signature

Date

PARAMEDIC STUDENT CONFIDENTIALITY AGREEMENT

As a paramedic student, I agree:

- 1) I shall hold as confidential, all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
- 2) To uphold the policies, procedures, philosophy and the standards of care of DCB Paramedic Technology program, Trinity Health and any other hospital or field internship facilities.
- 3) I understand that all Field and Hospital Internship sites reserve the right to terminate my clinical &/or internship experiences because of:
 - a) Failure to comply with hospital or agency policies, rules and regulations
 - b) Absences without prior notification
 - c) Unsatisfactory attitude, work or appearance
 - d) Any other circumstances which, in the sole judgment of the hospital or agency, would make my continued service as a student contrary to the best interests of the hospital or agency.

I, _____ have read each of the above conditions and I agree to be abide by them.

Applicant Signature

Date

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

Date: