



Northwest Arkansas Community College
Center for Health Professions
Allied Health Division 479.619.4153
One College Drive | Bentonville, AR 72712

Application and Checklist for Emergency Medical Technician (EMT) Program

Approval for course registration is required. Students will not be permitted to register for program course offerings until **ALL** required documentation is turned in to the Divisional Office located on the 2nd floor of The Center for Health Profession, office 2002. You may also email application and documents to Tana Beenken, Divisional Secretary tbeenken@nwacc.edu

MUST BE ENROLLED AS A STUDENT AT NWACC PRIOR TO PROGRAM APPLICATION

Due to the limited number of seats and the high volume of applicants, attempts at program completion are limited to 2 times.

Minimum Requirements are as follows:

- Applicants must have a reading score of at least **78** on their Accuplacer test, an **82** on the Compass placement test, a **19** on the ACT, and a **480** on the SAT (verbal) or to have attained a grade of "C" or above in an English or Reading course.
- Students must be 18 years of age upon completion of the last week of the program in order to sit for the State Board Exam.

Program Documentation Checklist:

- Basic Application completed with signature.
- Documentation of an approved Emergency Medical Responder Course (EMR). Please provide a copy of the certificate, card or transcript. If you are currently taking EMR, your instructor will need to sign the Prerequisite Completion form in this packet.
- Documentation of current CPR certification. The certificate must be an American Heart Association Healthcare Provider Card. The certification must be valid throughout the entirety of the program. *If you need to take a CPR course please contact the Divisional Secretary for information.
- Documentation of current (less than 1 year) TB skin test results. The documentation must be valid throughout the entirety of the program. If you need to obtain a TB skin test, it may require 2 skin tests and could take up to 2 weeks to complete. If you have tested positive, you will need a chest X-Ray. Please consult your physician for more information.
- Documentation of 2 vaccines for MMR given on or after your 1st birthday or proof of titers.

Continued on page 2.

- Completed and signed Arkansas form AR920390Z as required by the Arkansas State Health Department. This form must be filled out completely and notarized. (If you need a notary please contact Divisional Secretary).
 - If you have lived in the State of Arkansas for more than 5 years, you only need to complete this form.
- OR**
- If you have lived in the State of Arkansas for less than 5 years, you will need to complete this form AND a fingerprint card. (This will be provided by the NWACC Public Safety Office. This fingerprint card must be completed by law enforcement with the Arkansas Department of Health guidelines.)
- Completed and signed Arkansas Department of Health Release of State and/or Federal Criminal Background Checks to training site representatives.

Clinical Site Work is a requirement for the EMT Program, therefore the following requirements MUST be submitted by the Divisional deadline in order to participate. No exceptions!

Deadlines:

Spring term=the first Monday in March

Summer term=due by the first day of class

Fall term=the first Monday in October

- Clinical sites require that you be drug tested before coming to their facilities. You will need to get a 10-panel drug screen done and have the results sent to both Scott Byrd, EMT Coordinator sbyrd@nwacc.edu and Tana Beenken, Divisional Secretary tbeenken@nwacc.edu Results MUST be sent from testing facility, no results will be accepted from student.
- Documentation of FLU vaccine for students attending clinical in spring and fall terms. (October-May). This vaccine must be given in the same year as clinical site work.
- Documentation of valid health insurance while attending clinical site work.

Additional Information:

Please sign in to Canvas and read the posted handbooks. There will be several pages of forms and acknowledgments to sign during the first class meeting. You do not need to print any of these forms.

Textbooks:

Please assure that you purchase your textbooks immediately after registering for EMT Basic course. Numbers are limited. Textbooks may be purchased at NWACC Barnes and Noble or Campus Bookstore, Amazon.com, etc.

EMT Program Costs

In-District Residents (Rogers/Bentonville Public School District)

Tuition - \$75.00/credit hour \$600.00
Technology Fee - \$10.75/credit hour \$86.00
Learning Support Fee - \$8.50/credit hour \$68.00
Health Professions Lab Fee \$60.00
Health Professions Technology Fee \$15.00/Credit hr \$120.00
Infrastructure Fee \$55.00
Facility Maintenance Fee \$2.00/Credit \$16.00
Library Recourse Fee 1.50/credit hour \$12.00
Malpractice Insurance Fee \$15.00
Security Fee \$1.50/Credit Hour \$12.00
Estimated Textbook Cost \$135.00
State and National Board Exam Fee for Licensure \$90.00
Lab Coat rental or purchase (Rent for \$5.00 or purchase \$35.00) \$5.00
Background Check from Department of Health \$35.00
Total In-District Cost \$1309.00

Out-of-District Residents

Tuition - \$122.50/credit hour \$980.00
Technology Fee - \$10.75/credit hour \$86.00
Learning Support Fee - \$8.50/credit hour \$68.00
Health Professions Lab Fee \$60.00
Health Professions Technology Fee \$15/Credit hr \$120.00
Infrastructure Fee \$55.00
Facility Maintenance Fee \$2.00/Credit \$16.00
Library Recourse Fee 1.50/credit hour \$12.00
Malpractice Insurance Fee \$15.00
Security Fee \$1.50/Credit Hour \$12.00
Estimated Textbook Cost \$135.00
State and National Board Exam Fee for Licensure \$90.00
Lab Coat rental or purchase (Rent for \$5.00 or purchase \$35.00) \$5.00
Background Check from Department of Health \$35.00
Total Out-Of-District Cost \$1689.00

Out-of-State Residents

Tuition - \$175.00/credit hour \$1400.00
Technology Fee - \$10.75/credit hour \$86.00
Learning Support Fee - \$8.50/credit hour \$68.00
Health Professions Lab Fee \$60.00
Health Professions Technology Fee \$15/Credit hr \$120.00
Infrastructure Fee \$55.00
Facility Maintenance Fee \$2.00/Credit \$16.00
Library Recourse Fee 1.50/credit hour \$12.00
Malpractice Insurance Fee \$15.00
Security Fee \$1.50/Credit Hour \$12.00
Estimated Textbook Cost \$135.00
State and National Board Exam Fee for Licensure \$90.00
Lab Coat rental or purchase (Rent for \$5.00 or purchase \$35.00) \$5.00
Background Check from Department of Health \$35.00
Total Out-of-State Residents Cost \$2109.00

Costs are subject to change without notice

Textbook fees vary. Check with NWACC Bookstore and college web site for current prices.

If a third party (your employer or government agency) will be paying your tuition and fees, a letter of authorization to be billed must be received by the Cashier's office by your payment deadline. Any part of the tuition that is not covered will be your responsibility and must be paid by scheduled deadline. If you have questions please contact the NWACC Cashier's office at 479.619.4291.



Received	_____
Processed	_____
Approved	_____
Scanned	_____

Emergency Medical Technician (EMT) Basic Application

Term applying for (circle one): Spring Summer Fall

Year _____

Date _____

Student ID _____

Name _____ SS number xxx-xx-_____

(First) (Middle) (Last)

Address _____

(City) (State) (Zip)

Phone number _____ Type _____

Personal email _____ NWACC email _____

Where did you complete the First Responder Course? _____

Date Completed: _____

Do you plan on becoming certified as a Paramedic? _____

Do you have any healthcare or fire training? _____ If yes, briefly describe your training _____

Application Page 2.

Are you aware that the State of Arkansas will not allow you to become State Certified if you have been convicted of certain felonies?

Yes

No

Are you a military veteran?

Yes

No

(DD214 may be used for certain documentation associated with this application. Please see Divisional Secretary for more information)

Please read and sign.

For the purposes of confidentiality, EMS faculty and staff will use NWACC email for all communication regarding your application as well as program participation. All emails will be sent and received at your student email address. It is the student's responsibility to check this email frequently and respond in a timely manner to assure successful completion of the EMT program.

Printed Name

Date

Signed Name



Emergency Medical Responder Prerequisite Form

(This form is only required if currently taking EMR course.)

Student name _____ Student ID# _____

(Please Print)

This student currently has a grade of a "C" or higher in (list course name) _____

Instructor Signature and printed name

Date

- I am currently enrolled in Emergency Medical Responder course at NWACC.
- I currently have a grade of "C" or higher.
- I understand that EMT Basic course applicants must have a reading score of at least 19 on their ACT or at least 82 on the Compass placement test or to have attained a grade of "C" or above in an English or Reading course to be accepted into the EMT Program. If I do not complete the above listed class with a "C" or higher, I will not have met the requirements for admission to EMT-Basic course and will be required to withdraw from the course.

Students Name

Date

AR920390Z

Arkansas Department of Health
Section of Emergency Medical Service
5800 W 10th Street Suite 800
Little Rock, AR 72204-1763

EMS/Healthcare Affiliation _____ Northwest Arkansas Community College _____

Name of Supervisor or Instructor _____ Scott Byrd _____ Course Number _____

_____ State Check Only

_____ State and FBI Check

Items Needed:

1. Completed (typed or printed clearly) form should be signed **AND** notarized (see back)
2. If a FBI Check is also required, **send** completed FBI fingerprint cards, provided by ADH.
3. **Please pay all fees online.**

RETURN TO THE SECTION OF EMS AT THE ABOVE ADDRESS

_____ Last Name _____ First _____ Middle _____ Maiden

_____ Date of Birth _____ Race _____ Sex _____ Social Security Number

_____ Driver's License Number _____ State of Issue _____ County _____ Phone Number

_____ Current Mailing Address _____ City _____ State _____ Zip Code

The applicant must list all felony and misdemeanor charge(s) for which he/she was found guilty or pled guilty or nolo contendere to:

DATE	LOCATION	DESCRIPTION	SENTENCING/DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Oath (please check one):

_____ I verify that I have been a resident of Arkansas for **MORE** than five (5) years.

_____ I verify that I have been a resident of Arkansas for **LESS** than five (5) years or never lived in Arkansas.

_____ **82001 Civil Records Check - \$22.00 OFFICE USE ONLY** _____ **80000 FBI Records Check \$14.25**

I, the undersigned, understand the personal information and fingerprints submitted by ADH, Section of EMS are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to ADH, Section of EMS.

I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC §552a, for routine uses beyond the principal purpose listed above.

The name, address and date of birth appear in the following government issued identification document(s):

_____ Driver's License _____ State Identification Card _____ Other (list) _____

I state on oath that the representations made herein are true and correct.

Signature of Applicant _____ Date

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____.

At _____
City _____ State

Signature of Notary

(SEAL)

My Commission Expires: _____

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code §5-53-1-3.

28 CFR §16.34 - Procedure to obtain change, correction, or updating of identification records.



NOTICES:

FBI FINGER CARD:

IF, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division. ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CHIS Division will make any changes necessary in accordance with the information supplied by that agency.

**Ensure that the correct finger printing reason code and agency ID are used

STATE BACK GROUND:

ANY CHALLENGES TO THE ACCURACY OF THE RESULTS SHOULD BE DIRECTED FIRST TO THE STATE IDENTIFICATION BUREAU (PHONE 501-618-8500), #1 STATE POLICE PLAZA DRIVE, LITTLE ROCK AR 72209.

PRIOR TO THE COMPLETION OF A STATE CRIMINAL HISTORY CHECK, THE ARKANSAS DEPARTMENT OF HEALTH MAY CHOOSE TO DENY AND APPLICANT CERTIFICATION AS AN EMERGENCY MEDICALTECHNICIAN.

Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer



Release of State and/or Federal Criminal Background Checks to Training Site Representatives

To obtain a copy of a student or licensed EMSP criminal background check the following must be completed and mailed or faxed to the Section of EMS (Section).

Fax number is 501-280-4901, Address: 5800 W. 10th Street, Ste. 800, Little Rock, Arkansas 72204

Name: _____

Current Address: _____

City, State, & Zip Code: _____

Phone Number: _____

Previous Address REQUIRED if current address is less than five (5) years old.

Previous Address: _____

City, State, & Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Driver's Licensed Number: _____

I am requesting that my State and/or Federal Criminal Background check be released to the following person/institution. I also understand that my Federal Criminal Background check has to be picked up in person (myself).

Northwest Arkansas Community College/ Scott Byrd
(Print Name of Person and/or Educational Institution)

I understand if all of the information listed above is not completed or the information you provided does **not** match records in our data base, background information **WILL NOT** be released requiring you to come to the Section of EMS to obtain copies of your background information.

Signature

Date