NWACC
Emergency Medical Services

NorthWest Arkansas Community College
Center for Health Professions Bldg.
EMS, CHP Offices 2053-2059
3201 SE NWACC Blvd
Bentonville, AR 72712
479-619-4255
ems@nwacc.edu

Paramedic Program Application

Select one: ☐ Traditional Program [*Mar 1/Summer] ☐ Hybrid Program [*Nov 1/Spring]

Date:

Full Name:	Maiden Name:
Date of Birth:	SSN:

Address:	City:	St:	Zip:

Phone:	NWACC email:
Personal email:	NWACC student ID:

Department/EMS/Internship status:

Have you lived in the state of AR consecutively for the last 5 years?

Are you a veteran?

National EMT License #	Expiration Date:
State EMT License #	Expiration Date:

Department MUST have updated license information on file for the entirety of the program.

Please list ambulance service history:

I understand that submission of an application to the Paramedic Program does not guarantee a spot in the program. The EMS Admissions Committee must review all documents submitted with my application.

I certify that the above information is accurate and complete to the best of my knowledge. I understand that falsifying information on any of the requested forms may be cause for immediate dismissal from the Paramedic Program.

Signature _____ Date _____

*Application Due Dates/Cohort Starting semester

Letter of Recommendation 1 of 3 - Paramedic Level Education

NorthWest Arkansas Community College
Attn: EMS Entrance and Interview Committee
EMS, CHP Offices 2053-2059
3201 SE NWACC Blvd
Bentonville, AR 72712

NWACC Emergency Medical Services

Dear Committee Members:

I, _____, recommend _____, for admittance to the
(print name) (print applicant's name)
NWACC Paramedic Program.

In recommending this applicant, I attest that he/she demonstrates the characteristics necessary for continuing his/her education to the paramedic level.

This applicant functions at the basic EMT level with above average skills and knowledge.

I feel that he/she has the necessary attributes to become a paramedic and have no reservations in recommending him/her.

In working with this applicant, I am comfortable with his/her skills and knowledge and feel that he/she is a great partner in the EMS agency. I desire to work with this applicant and would like to see him/her continue his/her education to the paramedic level.

Y	N	**I professionally attest to the following: (check all boxes Y = yes or N = no)**
		I have worked with the above-named applicant on an emergency ambulance enough to make this recommendation.
		I have seen above average performance in this applicant on numerous occasions.
		I would like for this individual to take care of my family if they were sick.
		I have no reservations working with this applicant and enjoy going on calls with him/her.
		This applicant possesses the attributes necessary to make a great paramedic.
		I have further information about this applicant that I would like to share in person with you.
		I understand that my recommending this applicant for paramedic school is necessary for him/her to be admitted.

I hereby affirm and attest the above statements to be true and reflect, to my best judgment, that this applicant is ready for paramedic level education.

Paramedic Name (Print) _____ Paramedic Signature _____

Agency Name: _____ Phone: _____

AR License No: _____ Email: _____

Letter of Recommendation 2 of 3 - Paramedic Level Education

NorthWest Arkansas Community College
Attn: EMS Entrance and Interview Committee
EMS, CHP Offices 2053-2059
3201 SE NWACC Blvd
Bentonville, AR 72712

NWACC Emergency Medical Services

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		I have seen above average performance in this applicant on numerous occasions.
		I would like for this individual to take care of my family if they were sick.
		I have no reservations working with this applicant and enjoy going on calls with him/her.
		This applicant possesses the attributes necessary to make a great paramedic.
		I have further information about this applicant that I would like to share in person with you.
		I understand that my recommending this applicant for paramedic school is necessary for him/her to be admitted.

I hereby affirm and attest the above statements to be true and reflect, to my best judgment, that this applicant is ready for paramedic level education.

Paramedic Name (Print) _____ Paramedic Signature _____

Agency Name: _____ Phone: _____

AR License No: _____ Email: _____

Letter of Recommendation 3 of 3 - Paramedic Level Education

NorthWest Arkansas Community College
Attn: EMS Entrance and Interview Committee
EMS, CHP Offices 2053-2059
3201 SE NWACC Blvd
Bentonville, AR 72712

NWACC
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		I have further information about this applicant that I would like to share in person with you.
		I understand that my recommending this applicant for paramedic school is necessary for him/her to be admitted.

I hereby affirm and attest the above statements to be true and reflect, to my best judgment, that this applicant is ready for paramedic level education.

Paramedic Name (Print) _____ Paramedic Signature _____

Agency Name: _____ Phone: _____

AR License No: _____ Email: _____

Employment/Internship Verification

This form is to be completed by administrative personnel at your EMS agency of employment/internship and returned to:

NorthWest Arkansas Community College
Attn: EMS Entrance and Interview Committee
EMS, CHP Offices 2053-2059
3201 SE NWACC Blvd
Bentonville, AR 72712

NWACC
Emergency Medical Services

Applicant Name:	Date:
Agency Administrator Name:	Job Title:
Agency Name:	
Address:	
Phone:	Email:

*Complete Section A to verify Employment - **or** - Section B to verify Clinical Internship Completion*

Section A: Employment

Start date:	Today's date:

Yes ☐ No ☐ Meets two-year experience requirement

Section B: Clinical Internship

Start date:	Today's date:
Internship Completion date:	

Yes ☐ No ☐ Successfully completed EMT Internship

Upon reviewing applicant's runs and preceptor responses, I recommend:

Yes ☐ No ☐ Applicant admission to NWACC Paramedic Program

Section C: Signature

Official title and name (printed)	
Signature:	Date:

Clinical Requirements Acknowledgement

NorthWest Arkansas Community College
Attn: EMS Entrance and Interview Committee
EMS, CHP Offices 2053-2059
3201 SE NWACC Blvd
Bentonville, AR 72712

NorthWest Arkansas Community College (NWACC) School of Health Professions Emergency Medical Service (EMS) Paramedic Program uses external affiliated agencies for student clinical experiences. Affiliated agencies may impose requirements upon students before granting access to clinical experiences. NWACC School of Health Professions is required to comply with all clinical site admission requirements; and cannot adjust the location where clinicals are performed nor exempt students from the college's clinical requirements.

Students accepted into a NWACC School of Health Professions program are required to upload all clinical documentation to a third-party clinical requirement tracking website. **NWACC does not maintain or store these records and only provides a clinical documentation checklist to clinical sites.**

Clinical documentation may include, but is not limited to, the following:

- Health Screening/Immunizations
- CPR Certification
- Criminal Background Investigation
- Drug Testing

Paramedic Program students are encouraged to maintain the above-listed documents in original, electronic, and photocopied forms.

IMPORTANT:
External affiliated agencies may require completed COVID-19 vaccinations for clinical students and clinical instructors/rotators BEFORE entering the facilities (excluding persons granted exemptions by the clinical facility).

By signing this acknowledgement, the student understands and agrees to/that:

1. comply with all requirements imposed by the NWACC School of Health Profession's affiliates where student clinicals are held, and
2. receive, if required by the clinical site, the COVID-19 vaccination, unless exempted by the clinical facility.
3. NWACC School of Health Professions reserves the right to deny admission to a professional program when the applicant refuses to comply with clinical site requirements.

I have read and understand the above statement and agree to the terms of this acknowledgement.

Name (Printed) _____

Signature _____

Date: _____

Student Health, Physical Condition, and Disability

NWACC Emergency Medical Services

Students accepted into an Allied Health program must be able to perform all course related physical activities. A copy of the physical tasks required for the program is included in this packet. **The student is required to have a physical and submit certification from a physician indicating the student can perform all related physical activities required for this profession. Proof of physical and the student's ability to perform the physical demands are to be submitted with the application packet. A copy of the Physical Demands is included for the student to takt to the physician.**

In the event a student becomes pregnant, a written statement is required from a medical doctor stating that the physical exertion required during the course work and clinical work is not contraindicated. After the delivery, a written notice is required from a medical doctor that releases the student to return to the normal course related activities of that program. In the event of an extended (anything beyond three days) illness, injury, or surgery, two letters must be submitted by a medical physician. The first letter is due upon the onset and should state the problem and prognosis. The second letter should state fitness to return to normal course related activities and should be submitted prior to returning to the program. The faculty and/or the advisory committee of individual programs reserve the right to make the final decision regarding a student's return to the program after a medical leave.

Students who are admitted to the Program are required to submit proof of health insurance during orientation.

NWACC strives to provide reasonable accommodation as necessary to allow a student to be successful. If you have a documented disability that would require reasonable accommodation, please contact the Office of Disability Services.

Disability Resource Center
Becky Paneitz Student Center, 114
Phone: (479) 986-4076
Text: (479) 777-9312
disability@nwacc.edu
M-Th, 8:00 am - 4:30 pm
Friday, 8:00 am - 12:00 pm*

Name (Printed) _____ Signature _____

Date: _____

Witness Name (Printed) _____ Witness Signature _____

Date _____

Physician's Physical Statement

NWACC
Emergency Medical Services

I have reviewed the attached *Qualifications & Physical Standards for the skills and duties required of a paramedic and found, to the best of my knowledge, this person physically able to perform these skills.

(check one)

_____ I currently see no need for restrictions

_____ I have placed the following restrictions: (please list below)

Physician Name (Printed) Signature Date

Qualifications & Physical Standards

***This document accompanies the Physician's Physical Statement – Present it to your physician for review.**

NWACC Emergency Medical Services

Basic Requirements

- Minimum age: **18 years**
- Education: **High school diploma or equivalent**
- **Valid driver's license** required

Certifications

- Successful completion of an **approved paramedic curriculum**
- Passing scores on **written and practical certification exams**
- Ongoing **re-certification** through approved continuing education courses

Communication Skills

- Ability to communicate:
    - **Verbally** with patients, families, and team members
    - Via **telephone and radio equipment**
- Ability to **interview** patients, family members, and bystanders
- Ability to **document** all relevant information clearly and legally

Cognitive Abilities

- Ability to:
    - Use **good judgment** and remain **calm under stress**
    - Take on the role of **leader** in emergency situations
    - Work **independently** without defined structure
    - Draw **valid conclusions** quickly using limited information
    - Understand and apply **legal, ethical, and moral obligations**

Technical Skills

- Ability to:
    - Read **road maps**, street signs, and address numbers
    - Read and interpret **medication/prescription labels**
    - Perform **mathematical calculations** (e.g., medication ratios)
    - Discern **changes in skin/eye coloration** due to medical conditions
    - Operate emergency vehicles safely

Professional Responsibilities

- May perform tasks of **lower-level EMTs**
- May **supervise** students or interns
- May **teach** or contribute to professional publications
- Must meet qualifications within the **functional job analysis**

Physical Demands

- **Lifting/Carrying**: Up to **125 pounds** (or **250 pounds with assistance**)
- **Manual Dexterity**: Required for advanced emergency care and documentation
- **Mobility**:
    - Ability to **bend, stoop, crawl**, and **balance** on uneven terrain
    - Ability to **drive** and navigate under pressure

- **Environmental Tolerance**:
    - Must withstand **extreme heat, cold, and moisture**
- **Visual Acuity**:
    - Ability to **accurately read** labels, signs, and patient indicators
- **Auditory Skills**:
    - Ability to **hear and communicate** via radio and phone
- **Mental Stamina**:
    - Ability to perform **quick, precise mathematical calculations**
    - Ability to remain **focused and responsive** in high-stress situations

General Physical Abilities

- **Stamina and Endurance**: Must be able to work long shifts, often under stressful and physically demanding conditions.
- **Strength**: Must be able to lift, carry, and move patients and equipment (e.g., stretchers, medical bags).
- **Dexterity**: Requires fine motor skills for tasks like intubation, administering injections, and operating medical devices.
- **Coordination**: Must have excellent hand-eye coordination for procedures like IV insertion, airway management, and CPR.
- **Balance and Agility**: Must be able to move quickly and safely in various environments (e.g., uneven terrain, confined spaces).

Mobility and Movement

- **Ambulation**: Must be able to walk, run, climb stairs, and navigate through buildings and outdoor areas.
- **Bending and Stooping**: Frequently required to bend, kneel, or crouch to access patients or equipment.
- **Lifting and Carrying**: Must be able to lift and carry patients (often with assistance), equipment, and stretchers.
- **Pushing and Pulling**: Required to push/pull stretchers, doors, and other heavy objects.

Sensory Requirements

- **Vision**: Must have good visual acuity to assess patient condition, read instruments, and navigate safely.
- **Hearing**: Must be able to hear radio communications, patient responses, and environmental sounds (e.g., alarms, sirens).
- **Touch**: Must be able to palpate for pulses, assess skin temperature, and perform physical exams.

Environmental Tolerance

- **Weather Conditions**: Must be able to work in extreme heat, cold, rain, snow, and other weather conditions.
- **Noise**: Must tolerate loud environments (e.g., sirens, crowds, machinery).
- **Exposure to Hazards**: Must be able to work safely around bloodborne pathogens, hazardous materials, and potentially violent or unstable individuals.

Emergency-Specific Physical Tasks

- **Driving**: Must be able to safely operate an ambulance under emergency conditions.
- **Extrication**: Must assist in removing patients from vehicles or confined spaces.
- **Rescue Operations**: May need to climb, crawl, or use specialized equipment during rescue efforts.
- **CPR and Defibrillation**: Must perform chest compressions and operate defibrillators effectively.

_____ Physician's Initials

Technical Standards

Students who wish to pursue a career in Emergency Medical Services must meet the following essential minimal physical, mental and job standards to successfully complete the educational activities in the Emergency Medical Services program.

Admission to the NWACC Emergency Medical Services program is conditional on the candidate's ability to satisfy these technical standards, with or without reasonable accommodation. Reasonable accommodations will be made on an individual basis.

Students who have special needs are encouraged to identify themselves to the Program Director and the Disability Resource Center for reasonable accommodations. Reasonable accommodations will be based on current documentation provided to the Disability Resource Center.

The following technical standards and essential skills are functions that must be met with or without reasonable accommodations:

1. Complete the Arkansas State application for Emergency Medical Technician-Paramedic certification including affirmation regarding criminal convictions.
2. Complete an approved State of Arkansas EMT course or its equivalent.
3. Must hold a valid State of Arkansas National Registry EMT or its equivalent.
4. Must be able to communicate effectively via telephone and radio equipment.
5. Ability to lift, carry, and balance up to 100 pounds (200 pounds with assistance) on level ground, uneven terrain, and stairs.
6. Be able to effectively receive and interpret oral, written, and diagnostic form instructions in the English language.
7. Can use good judgment and remain calm in high stress situations.
8. Ability to perform medication calculations under high pressure situations.
9. Ability to knowledgably operate complex advanced life support equipment under high stress situations.
10. Ability to be unaffected by loud noises and flashing lights.
11. Ability to read English language manuals.
12. Ability to interview patients, their families, and/or bystanders to obtain critical information dealing with mechanism of injury (MOI) or nature of illness (NOI).
13. Ability to document, in writing or computer-based documentation systems, all relevant information in prescribed format considering legal ramifications of such.
14. Ability to converse, in English, with coworkers, nurses, physicians, and other medical professionals regarding the status of your patient.

15. Possess good manual dexterity with the ability to perform all tasks related to the highest quality of patient care.
16. Have the physical stamina to stand and walk 12+ hours in a clinical or field setting.
17. Ability to bend, stoop, and crawl on uneven terrain.
18. Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
19. Ability to work with other providers to make appropriate patient care and treatment decisions.
20. Must be physically free of use of non-prescription drugs, illegal drugs, and alcohol.
21. Must demonstrate a professional demeanor and behavior and must perform all aspects of work in an ethical manner in relation to peers, faculty, staff and patients.
22. Must adhere to the codes of confidentiality.
23. Must conform to appropriate standards of dress, appearance, language, and public behavior.
24. Must show respect for individuals of different age, ethnic background, religion and/or sexual orientation.
25. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
26. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during assessment and treatment of patients.
27. Possess sufficient emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations.

The student must notify the Program Director if there is any change to his/her ability to meet the technical standards while enrolled in the NWACC EMS Program.

I certify that I have read and understand the technical standards listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program at this time.

I,_____, have read and understand the requirements as listed.
(Print name)

_____

Signature Date

_____

NWACC EMS Division Representative

Authorization for Release of Information

NWACC
Emergency
Medical Services

I, _____,
Print Student Name

hereby authorize members of Northwest Arkansas Community College Faculty/Staff to release my:

1 NAME
2 ADDRESSES
3 PHONE NUMBER
4 GRADES ALL
5 ATTENDANCE RECORDS
6 CLINICAL PROGRESSIONS
7 PROFESSIONALISM

Please provide a list of authorized persons who may receive this information from list above: (Place an X in boxes 1 – 7 or "all")

_____ - Employer / Prospective

ALL	1	2	3	4	5	6	7

_____ - Parent

ALL	1	2	3	4	5	6	7

_____ - Spouse

ALL	1	2	3	4	5	6	7

_____ - Other (please state)

ALL	1	2	3	4	5	6	7

_____ - Anybody

ALL	1	2	3	4	5	6	7

By signing below, I authorize the release of the information listed above to approved parties.

A list of the authorized individuals will be sent to your department's training officer, even if no department members are currently listed. Further information will only be shared with those authorized individuals.

_____ _____
Student's Signature Date

_____ _____
Witness Signature Date