



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

### **Application 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 submitted to the Divisional office. You may email your application and all documents to Tana Beenken, Divisional Administration at [tbeenken@nwacc.edu](mailto:tbeenken@nwacc.edu) or bring in person to the Center for Health Professions, second floor, office 2059. There is also a secure drop box you may leave your documents in.

Updated: September 2023

#### **Application Deadlines:**

Fall semester: August 1st by 3:00 p.m.

Spring semester: January 5<sup>th</sup> by 3:00 p.m.

Summer semester: May 20<sup>th</sup> by 3:00 p.m.

Applications are accepted on a first come, first serve basis.

#### **Minimum Requirements are as follows:**

- Applicant must adhere to all NWACC requirements regarding admissions and application for semester of registration. Please visit our website to assure admission requirements are meant. <https://www.nwacc.edu/enrollment/studentype/default.aspx>
- Documentation of an approved Emergency Medical Responder (EMR) course. Please provide copy of certificate, card, or transcript. If you are currently taking EMR, your instructor will need to sign the Prerequisite Completion form within this packet. If you are a military veteran who has had combat life saver, please submit your DD214 in lieu of EMR course pre-requisite. *\*See department for questions on acceptable course*

#### **Program Required Documentation Checklist:**

- Basic application completed with signature. (enclosed)
- Documentation of current Basic Life Saver (BLS) certification. Certification must be an American Heart Association Healthcare provider card. The certification must be valid through the entirety of the program. *\*If you do not have this certification, please contact Tana Beenken for information on offered courses through The Center for Health Professions.*
- Documentation of current TB skin test results. The documentation must be valid throughout the entirety of the program. Please consult your healthcare provider to obtain this test.
- Documentation of two (2) vaccines for MMR (Measles, Mumps, Rubella); or proof of titers. If you do not have two vaccines consult your healthcare provider to obtain.
- NWACC EMS technical standards form signed. (enclosed)

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## **Clinical site requirements (second 8 weeks/5 weeks summer) of the program**

Clinical site work is required for the EMT Program, the following requirements **MUST** be submitted by the deadline provided to you to participate in the clinical portion of the program. Deadlines will be provided to you during class.

### **NO EXCEPTIONS!**

- **COVID vaccination documentation. \*This is a requirement of the hospitals in which we utilize for clinical time. This is NOT an NWACC requirement. See enclosed acknowledgment. There are no exceptions to this requirement currently. As of September 1, 2023, we have a clinical site that will allow students without covid vaccine; however, there is a lengthy paperwork process that you must complete, this will be provided by your instructor.**
- Clinical sites require that you be drug tested prior to coming into their facilities. You will need to obtain a **10-panel** drug screen. Drug screen results will need to be emailed from the screening facility to Tana Beenken. **NO RESULTS FROM STUDENTS WILL BE ACCEPTED.** -do not obtain your drug screen prior to instruction!
- Documentation of FLU vaccine for students attending the program in spring and fall terms. (October-May). This vaccine must be given within the same FLU season as your clinical site work. No FLU vaccine is required for summer term. – exemptions will not be accepted.
- Valid health insurance while attending clinical site work.

### **Additional Information:**

- You will receive two handbooks via the Abode sign. One is the Health Professions Divisional Handbook and the other is the EMT Program Handbook. You will not need to print any of these documents. Please assure you read over them before signing.
- It is important to check your NWACC student email frequently while participating in the program. The preferred means of contact will be your student email.



## **Emergency Medical Technician (EMT) Application**

Term applying for (circle one): Spring Summer Fall

Year \_\_\_\_\_

*Please circle section requested:*

0900-1300 M|W-Springdale Campus,

1300-1700 T|TH-Bentonville Campus,

1800-2200 T|TH-Springdale Campus

*ECE ONLY: IGNITE OR OTHER HS* \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ SS number xxx-xxx-\_\_\_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip code)

Phone number \_\_\_\_\_

Personal email \_\_\_\_\_ NWACC email \_\_\_\_\_

Where did you complete your First Responder course? \_\_\_\_\_

Date completed: \_\_\_\_\_

Do you plan to become a certified Paramedic? \_\_\_\_\_

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

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- Do you currently work for a fire department or ambulance service? Yes No  
If yes, which department or service? \_\_\_\_\_
- Are you aware that the State of Arkansas will not allow you to become state certified as an EMT if you have been convicted of certain felonies? (Circle one)  
Yes No
- Are you a military veteran? (circle one) Yes No  
If yes, please submit your DD214 along with this application.
- Have you lived in the State of Arkansas for the last 5 years consecutively?  
Yes No

**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 sent and received will be through your NWACC 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

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## Emergency Medical Responder Prerequisite Form

**(this form is only required if you are currently taking an EMR course)**

Student name \_\_\_\_\_

Student ID \_\_\_\_\_

(Please print)

**This student currently has a grade of “C” or higher in EMR**

Instructor Name (printed) \_\_\_\_\_

Instructor signature \_\_\_\_\_

Date \_\_\_\_\_

Student, please read and sign:

- I am currently enrolled in an Emergency Medical Responder (EMR) course at NWACC.
- I currently have a grade of “C” or higher in this course.
- I understand if I do not meet the requirement of EMR course completion with a passing grade I will not be eligible for admission into the EMT Program and will be withdrawn.

\_\_\_\_\_  
Students signature

\_\_\_\_\_  
Date

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**Northwest Arkansas Community College**  
**Emergency Medical Services**  
**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.

EMS Technical standards page 2.

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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, ethical 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-Emergency Medical Technician (EMT) Program

### Acknowledgement of Clinical Requirements

*(COVID vaccine, drug screen, flu shot, TB test)*

The NWACC Center for Health Professions (“CHP”) has affiliation agreements with healthcare facilities which require clinical students and instructors to receive the COVID-19 vaccine as a condition of participating in clinical rotation at their facilities. *NWACC is not requiring the COVID-19 vaccine as a condition to be a student.* As part of our clinical affiliation agreements, NWACC is required to meet ALL clinical site admission requirements to send students to these facilities; we are guests in these facilities. This means that students who enter a Health Professions program (EMT) will be unable to complete their clinical requirements without going to one of our contracted Clinical Sites that are assigned to the student. Currently, we do not have any clinical sites for EMTs who do not require the COVID-19 and flu vaccinations. Health Professions policy prohibits students from contacting clinical sites to try to work-around the policies that the clinical site has placed upon NWACC per contractual agreement. Per this policy, a student who contacts a clinical facility to usurp the college’s affiliation agreement will be dismissed from all present and future Health Professions programs at NWACC. To comply with clinical requirements for our partnering sites, you must submit the following to EMS Administration by given due date:

1. Covid vaccine documentation (ALL vaccines/booster series complete)
2. Seasonal flu vaccine documentation (Must be for current flu season in which you are attending the program; FLU season runs from October-March—summer EMT does not require flu vac)
3. 10-panel urine drug screen (done prior to entering 2<sup>nd</sup> 8 weeks into the program)
4. TB test results (must be valid the entirety of the program)

Failure to submit ALL required documentation will result in not being admitted to the program or removal from the program by the program selection committee.

By signing this acknowledgement, you understand that:

- 1) you will be required and agree to comply with requirements imposed by CHP’s health affiliates where student clinical rotations are held
- 2) one such requirement may be the receipt of the COVID-19 vaccine; OR you must agree to start your vaccine dose series upon acceptance to the program and be able to provide that documentation to EMS administration based on the affiliation requirements specific to the institution.

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NWACC reserves the right to deny admission into a professional program, when the applicant refuses to agree to comply with the requirements imposed by clinical sites.

By signing, I \_\_\_\_\_, have read and understand the statement above and agree to the terms of this acknowledgement.

Date \_\_\_\_\_

Signature \_\_\_\_\_

NWACC EMS Department Signature \_\_\_\_\_