



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 Admin. Analyst at tbeenken@nwacc.edu or bring in person to the Center for Health Professions, second floor, office 2002. There is also a secured drop box you may leave your documents in.

Application Deadlines:

Fall semester: August 20th by 3:00 p.m.
Spring semester: January 5th by 3:00 p.m.
Summer semester: May 20th by 3:00 p.m.

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

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. (NWACC Requirements)
- 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.

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 given on or after your 1st birthday; or proof of titers. If you do not have two vaccines consult your healthcare provider to obtain.
- NWACC EMS technical standards form signed. (enclosed)

Revised December 2020

NWACC EMS

HEALTH PROFESSIONS

ONE COLLEGE DRIVE · BENTONVILLE, AR 72712 · 479-636-9222 · 1-800-995-6922 · WWW.NWACC.EDU



Clinical site requirements (second 8 weeks of the program)

Clinical site work is required for the EMT Program, the following requirements **MUST** be submitted by the deadline provided to you in order to participate in the second eight (8) weeks of the program. Deadlines will be provided to you during class.

NO EXCEPTIONS!

- 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:

- Please sign into 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.
- 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 _____ Section (day or night) _____

Date _____ Student ID _____

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? _____

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

Application page 2.

- 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
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- 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 students 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 you are currently taking the 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

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 in order 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. Have the ability to 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 in light of legal ramifications of such;
14. Ability to converse, in English, with coworkers, nurses, physicians, and other medical professionals in regard to 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, 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 _____