

Name:	
(Last) Street Address:	(First)
E-mail:	
Telephone:	
Desired Program Major (circ	e one): Paramedic Diploma Paramedic A.A.S.
NCTC Tech or Star ID#:	
NREMT EMT Number/expiration or will be taking EMT (enter an	on date: nticipated completion date):
Incomplete applications will not be considered. It is the applicant's responsibility to see that his/her file is up-to-date at all times with regard to email address, street address, telephone number(s) and transcripts from high school and/or other schools (including other college and universities attended).	
Paramedic Admission Require 1. Receive admission to NCTC 2. Completion of BIOL 2260, BIO 3. Completion of an EMT Basic NREMT EMT Basic licensure. 4. Completion of EMTP1130 or 5. Completion of Paramedic Completion of Paramedic Completion	OL 2262 with a "C" or higher course (This is EMTB1101 at Northland) and current equivalent EMT experience
10 seats are filled a list will be	e accepted into Paramedic classes each year. After the continued as a waiting list for the following year. The ne year. Paramedic Courses Applications are accepted
Signature	Date
Please return application and copynichole.sullivan@northlandcollege	of current MN and/or NREMT EMT-B card to e.edu.
Nichole Sullivan Paramedic Program Director Office 218-793-2604 2022 Central Ave NE East Grand Forks, MN 56721	
Date Received	