



EMERGENCY TRAINING ASSOCIATES
502 1st Ave S, Jamestown, ND 58401
Office: 701-251-2273 Fax: 701-952-3299
PARAMEDIC PROGRAM ENROLLMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date of Birth: _____ Social Security No.:* _____ Gender:* Male Female
YES NO

Are you a citizen of the United States? YES NO If no, in which country do you hold citizenship? _____

If no, are you a permanent resident? YES NO If yes, give alien registration number? _____

Are you Hispanic/Latino?*

American Indian/Alaska Native Asian Black or African American White

Select one or more races:* Native Hawaiian or Other Pacific Islander

*Disclosure of this information is voluntary. This information is requested for statistical purposes only and will not affect the status of your application. This information will not be used in a discriminatory manner. Failure to provide a Social Security Number may cause delays in administrative services such as financial aid processing.

Education

High School: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? YES NO If GED: _____ Completion Date: _____

College: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Provide two letters of recommendation.

Previous Employment

Company & Address:	Dates Employed:	Brief description of job duties:



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List any EMS, Fire, or Safety related certification you currently hold. Provide copy of card(s):

List any medical or rescue related experience you have:

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclosure

Have you ever been convicted of a misdemeanor or felony? YES NO

Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a healthcare licensure in any state or to an agency authorizing the legal right to work? YES NO

If you answered "yes" to either question, you must provide and submit with this application, official documentation that fully describes the offense, copies of relevant court documents, disposition, and current status.

Additional Information:

Why do you wish to take this course?



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Have you ever participated in a Paramedic course before? YES NO

If yes, when and where did you take the class: _____

This course requires time commitment not only for classroom and study time, but also, for clinical experience. Are you prepared to make such a commitment? YES NO

This course required good physical stamina, endurance, and the ability to lift, push, pull, reach over head, squat, bend, kneel, climb, sit, stand, walk, and carry patients and equipment. Can you carry out these requirements? YES NO

Part of the training that is conducted requires that procedures taught in the classroom be applied by fellow students (ie: applying cervical collars, backboards, patient assessments, IV therapy, and other skills. Are you willing to allow other students to practice such skills on you? YES NO

If no, explain why: _____

How did you become aware of our Paramedic Program? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that this agreement is a legally binding instrument upon written acceptance by Emergency Training Associates, unless cancelled pursuant to the "Buyer's Right to Cancel".

I understand that false or misleading information in my application or interview may result in my rejection or subsequent revocation/discharge from the paramedic program.

Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE STUDENT INFORMATION

To Whom It May Concern:

I, _____, hereby authorize Emergency Training Associates, Inc. to release and/or orally discuss the education records described below about me to: (list names of both parents, guardians, others)

Name	Relationship

The specific records covered by this release are: (select with checkmark)

- Accounts Receivable** (itemized charges or credits)
- Financial Aid**
- Registration** (add/withdrawal)
- Grade Reports** (at end of semester/program)
- Classroom Attendance/Academic Progress/Performance/Behavior**
- All of the above**
- Other** – please specify _____

I understand that the student records information listed above includes information about me which is classified as private under Minn. Stat. §13.32 and the Family Education Rights and Privacy Act (FERPA). I understand that by signing this Informed Consent Form, I am authorizing Emergency Training Associates, Inc. to release to the persons named above and their representative's, information which would otherwise be private and not accessible to them.

I understand that, at my request, Emergency Training Associates, Inc. must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. **This consent expires one year after the end of the Paramedic Program or until I withdraw my consent, whichever comes first.** A photocopy of this authorization form may be used in the same manner ad with the same effect as the original document.

I am giving this consent freely and voluntarily, and I understand the consequences of my giving this consent.

Printed Name

Signature

Date

The college is asking you to provide information which includes private information under State and Federal Law. The information is optional; however, if you refuse to provide some or all of the optional information, the college may not be able to process your request. For more information, please refer to the FERPA information provided in the Course Catalog.



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TUITION AGREEMENT

_____ **PLAN A**

Full tuition of \$9750 (\$250 non-refundable Registration Fee, and \$9500 Tuition) paid in full before or on the first class session by cash, check or money order (made payable to ETA ND) or Credit Card ****VISA, MASTERCARD, DISCOVER****

Payment Received \$ _____ Date _____ Received by _____

_____ **PLAN B**

First payment of \$ 250 is non-refundable and is due with the application. The remaining balance will be divided by quarters and will be due **at the beginning of the first class of each quarter (\$2375).**

Payment Received \$ _____ Date _____ Received by _____

Payment Received \$ _____ Date _____ Received by _____

Payment Received \$ _____ Date _____ Received by _____

Payment Received \$ _____ Date _____ Received by _____

Payment Received \$ _____ Date _____ Received by _____

I understand that if I withdraw from the course or have been dismissed for cause after the first session, I will NOT receive a refund of the registration fee or tuition paid for that quarter.

Tuition **DOES NOT** include books, uniforms, tablet computer, or testing fees. These are additional expenses and the responsibility of the student.

If for some reason, the course is cancelled, all fees/tuition paid will be returned to you.

Signature _____

Date _____

(Must be 18 years of age, or the parent or legal guardian of student)