



EMT PROGRAM APPLICATION

Course Content

The Trinity Health EMT Program is rigorous and time demanding. There will be classroom sessions concurrent with both hospital and field clinical time. At the completion of your EMT training, you will be eligible to take the National Registry of Emergency Medical Technicians EMT Certification Exam.

Course Duration

The program begins January 6, 2025, with anticipated completion on May 8, 2025. The program runs continuously throughout those months. Class is held Monday and Thursday evenings 6pm until 10pm.

Students must successfully complete the course, portfolio/lab, and clinical hours to be eligible for NREMT examination. The student will be held to strict academic and attendance guidelines.

Course Cost

- 1) \$1500 and includes textbook and all skills materials throughout the program.
 - a) \$300 non-refundable deposit due by November 22, 2024 by 3pm.
 - b) Paid in full by December 20, 2024, by 3pm.

Application Criteria

- 1) You must have a high school diploma/GED.
- 2) Submit a completed EMT Program Application

Please send the completed application to:

Trinity Health EMS Education
ATTN: EMT Program
1900 8th Ave SE Minot, ND 58701
or email to
jordan.rabe@trinityhealth.org

You will receive a phone call or email from the Program Coordinator notifying you of your application status and to schedule an interview.



APPLICATION DEADLINE

Applications to the EMT Program must be received by November 1, 2024, by 3pm. Each candidate's application will be reviewed by the Program Coordinator. Applicants will be contacted by the Program Coordinator to schedule an interview.

During the interview process, applicant's attitude, professionalism, motivation, dependability, ability to communicate, and desire to succeed and readiness for the program will be evaluated.

A mandatory Administrative Orientation will be held on November 14, 2024, at 6pm for all accepted students.

Please contact Jordan Rabe, EMT Program Coordinator, directly for questions about the application, class information, or acceptance process by phone or email.

(701) 858-6310

jordan.rabe@trinityhealth.org

TRINITY HEALTH EMT PROGRAM APPLICATION



Applicant Information		
Name (Last, First, MI):		
Phone:	email:	
Current address:		
City:	State:	ZIP Code:
EMS Information (if applicable)		
Current EMS Affiliation:		Squad Leader:
EMS Affiliation address:		How long:
City:	State:	ZIP Code:
Phone:	Fax:	Role:
NDEMRLicense #:	NDEMRLicense Expiration date:	Driver's License #:
AHA BLS Healthcare Provider CPR Exp Date:		
Have you ever been convicted of a felony? (If yes, please explain below)		
Have you ever been subject to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state? (If yes, please explain below)		
Have you ever participated in an EMT Program before? If yes, when and where?		
The program requires skills practice by fellow students such as patient assessment. Are you willing to allow students to practice skills on you?		
Short Essay		
Why do you want to take the EMT Program and what benefit will it be to you?		
To the best of my knowledge, I certify that the information on this applications is correct. I am aware that any false statements could result in dismissal from the Trinity Health EMT Program. I have read and understand the mandatory requirements for enrollment in the program. If accepted into this program, I agree to abide by the state of North Dakota and Trinity Health EMT Program rules, regulations, ordinances, and policies pertaining to emergency medical services, as well as all directives of the Medical Program Director.		
Signature:		Date: