



DEAR APPLICANT:

Thank you for your interest in the NCTI Paramedic Training Program. This program includes up to 1,336 hours of training in the didactic, clinical and field settings. Applicants must meet the following entrance requirements to test for our upcoming programs. **Students will be notified of acceptance via e-mail. Students must provide a valid email address.**

APPLICATION PROCESS

Applications must be submitted and received by NCTI's Programs office located at **333 Sunrise Avenue, Suite #500 Roseville, CA 95661** with the following items:

- Complete the Online Assessment
- Paramedic Application (page 2)
- Copy High School Diploma, - High school Equivalency, or high school transcripts accepted
- Copy College Diploma (if applicable), - Associates and/or Bachelors Degree Transcripts (official) indicating date of degree will be accepted
- Driver's License - Copy of valid driver's license
- Current State/County issued EMT certification card - Copy [*NREMT card is not valid as EMT certification*]
- American Heart Association (AHA) BLS for Healthcare Provider Card

Course location, start date and date of application must be listed on the top portion of your application in order for it to be processed.

About the Online Assessment

Scholastic Level Exam Quicktest (SLE-Q)

The SLE-Q is a short-form measure of general intelligence or cognitive ability – the most powerful predictor of training and job success. Administered from any location with Internet access, the SLE-Q is designed to be an estimate of a prospective student's ability to succeed in the specific educational or training program. **The electronic invite to the online assessment will be included in the confirmation email upon receipt of the application fee.**

Class size is determined by course location. All applicants will be notified by **e-mail** of their eligibility. **If NCTI does not have a complete application on file or valid e-mail address, you will not receive your electronic acceptance packet.** Correspondence will be sent out via email within 2 weeks after application deadline for each program. If you have not received this information after 15 business days, you may contact us by phone to confirm your e-mail address and completion of application materials.

PRE-REQUISITE

All accepted applicants are required to provide documentation of the successful completion, within the past 5 years, of a NCTI or college level Anatomy and Physiology (A & P) course prior to the first day of the didactic session. **(Non-NCTI A & P courses must be approved through the Admissions Department)**

Please contact NCTI's Admissions Department at (888) 609-6284 if you have any questions regarding the application process.

NCTI PARAMEDIC APPLICATION
Send application packet to NCTI Administrative Office:
333 Sunrise Avenue, #500, Roseville, CA 95661
Rev. 10/15/2014

Application Date _____ Online Assessment Date: _____

Program Location: _____ Start Date: _____

Please fill in ALL information below

Name _____

 (Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Telephone (Home): _____ (Work) _____

E-Mail Address: _____ **Acceptance will be sent via email**

Date of Birth / / SS # - -

EMERGENCY MEDICAL SERVICE Work Experience

Employer _____

From _____ To _____

Address _____

Description of Duties _____

Telephone #: _____ Contact Person _____

Employer _____

From _____ To _____

Address _____

Description of Duties _____

Telephone #: _____ Contact Person _____

EDUCATION

Schools Attended	Major & Location Major	Grad	Degree Received
High School		Yes No	
College		Yes No	
Other		Yes <input type="checkbox"/> No	

EMT/AEMT Training Background

EMT TRAINING

School/Institution _____ Instructor _____

Address _____

 (Street) (City) (State) (Zip)

Basic Course Completion Date _____

AEMT (if applicable)

School/Institute _____ Instructor _____

Address _____

 (Street) (City) (State) (Zip)

Basic Course Completion Date _____

CERTIFICATES HELD

To assist our compliance with federal requirements and to provide needed service, you are urged to supply the following information voluntarily. This information is confidential.

Ethnic Background (circle number which applies)

1. White, Non-Hispanic	Do you have any disabilities?
2. Black, Non-Hispanic	1. Learning Disability
3. Hispanic	2. Blind/Visually Impaired
4. American Indian or Alaska Native	3. Deaf/Hearing Disorder
5. Asian or Pacific Islander	4. Physically Handicapped
6. No Response	5. Other
	6. No Response
	7. None

IN CASE OF EMERGENCY NOTIFY: (Person **not** living at same address)

Name _____ Relationship _____ Phone _____

Address _____

I certify that all statements on this application are complete and true. I also understand that if I am admitted and do not enroll for the term to which I am admitted, I will need to re-apply for admission. Please Note: No submitted material will be returned or duplicated.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Rcvd: _____ By: _____ Payment Method _____ Web: _____ Campus: _____