

Advanced Emergency Medical Technician

PERSONAL INFORMATION

	Legal Name					
Are you a documented resident of lowa? Yes No If NO, state of residency You must have lived in lowa for at least 90 days to be considered a documented resident. PO Box Street PO Box City	Last First		Mi	Middle		
Are you a documented resident of lowa? Yes No If NO, state of residency You must have lived in lowa for at least 90 days to be considered a documented resident. PO Box Street PO Box City	Maiden/Other Last Name (if applicable)		Su	ıffix		
You must have lived in lowa for at least 90 days to be considered a documented resident. Street	Social Security Number	Birth Date		Gender:	Male	_ Female
Street	Are you a documented resident of lowa? Yes	No If NO, state of r	esidency			
Home Phone Cell Phone I choose NOT to receive text messages from NIACC. Cell phone provider	You must have lived in lowa for at least 90 days to be consid	lered a documented resident.				
Home Phone Cell Phone I choose NOT to receive text messages from NIACC. Cell phone provider	Street		PO Box			
Home Phone Cell Phone I choose NOT to receive text messages from NIACC. Cell phone provider	City	State		Zip		
I choose NOT to receive text messages from NIACC. Cell phone provider Emergency Contact Name Emergency Contact Phone Are you Hispanic/Latino?YesNo Black or African AmericanAsian Select one or more:White Non-HispanicBlack or African American Indian or Alaska Native AsianAmerican Indian or Alaska Native EDUCATIONAL INFORMATION Select one:I am currently enrolled or have graduated from high schoolCity/State Graduation/anticipated year	Home Phone	Cell Phone				
Are you Hispanic/Latino? YesNo Select one or more: White Non-HispanicBlack or African AmericanAsianNative Hawaiian or Pacific IslanderAmerican Indian or Alaska Native EDUCATIONAL INFORMATION Select one: American Indian or Alaska Native I am currently enrolled or have graduated from high school. Graduation/anticipated year I have received my GED. Year attained I have received my GED. Year attained I have attended the following college/university: City/State College	I choose NOT to receive text messages from NIAC	CC. Cell phone provider				
Are you Hispanic/Latino? YesNo Select one or more: White Non-HispanicBlack or African AmericanAsianNative Hawaiian or Pacific IslanderAmerican Indian or Alaska Native EDUCATIONAL INFORMATION Select one: American Indian or Alaska Native I am currently enrolled or have graduated from high school. Graduation/anticipated year I have received my GED. Year attained I have received my GED. Year attained I have attended the following college/university: City/State College	Emergency Contact Name Emergency Contact Phone					
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Native Hawaiian or Pacific Islander American Indian or Alaska Native EDUCATIONAL INFORMATION Select one:			American	Asian		
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High School City/State I have received my GED. Year attained Have you enrolled in credit classes at NIACC before? Yes No No I have attended the following college/university: City/State College City/State Dates Attended Degree Educational Goals (please select ONE) Improve job skills Transfer Change careers	Select one:					
I have received my GED. Year attained Have you enrolled in credit classes at NIACC before?YesNo I have attended the following college/university: CollegeCity/State Dates AttendedDegree Educational Goals (please select ONE) Transfer Change careers Improve job skills Personal interest						
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I have attended the following college/university: City/State College City/State Dates Attended Degree Educational Goals (please select ONE) Improve job skills Transfer Change careers	I have received my GED. Year attained					
College City/State Dates Attended Degree Educational Goals (please select ONE) Transfer Change careers Improve job skills Personal interest		YesNo				
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Transfer Change careers Improve job skills Personal interest		Degi	ee			
Enter job market Certificate/licensure requirement Self-improvement Undecided				_		
Enter job market Certificate/licensure requirement Sell-improvement Undecided		In	prove job skills			rest
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Advanced Emergency Medical Technician (2022FA) EMS - 237- H001

______08/30/22 - 12/03/22, Every other Saturday from 10:00am - 4:00pm starting 09/10/22 until 12/03/22. Orientation will be 08/30/22, 6:00pm NIACC Activity Center Room 106 Meeting Dates - 09/10, 9/24, 10/08, 10/22, 11/05, 11/19, 12/3 - Sat/Hybrid Online for lectures, NIACC Activity Center Room 106 for skills on every other Saturday. & s.h. \$1779.00 - All costs are calculated based on in-state tuition. (Tuition will increase on July 1, 2022)

 Payment Agreement

 Self Pay
 Sponsor:

 Credit Card/Credit Card Number

 I agree to pay North Iowa Area Community College for tuition and fees charges for the above term(s). Should I choose not to attend or am unable to attend the above registered term, I will notify the NIACC Records Office in writing prior to the course start date.

 I understand that I will be held liable for all charges should I fail to notify the Records Office in writing prior to the course start date.

NIACC does not discriminate in employment or education. See www.niacc.edu/about/non-discrimination-statement for additional information. 3/10/16