



# North Iowa Area Community College

Records Office  
500 College Drive • Mason City IA 50401  
Ph: 641-422-4388 Fax: 641-422-4150

## Advanced Emergency Medical Technician

### PERSONAL INFORMATION

#### Legal Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Maiden/Other Last Name (if applicable) \_\_\_\_\_ Suffix \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: ☐ Male ☐ Female

Are you a documented resident of Iowa? ☐ Yes ☐ No If NO, state of residency \_\_\_\_\_  
*You must have lived in Iowa for at least 90 days to be considered a documented resident.*

Street \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
☐ I choose NOT to receive text messages from NIACC. Cell phone provider \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Are you Hispanic/Latino? ☐ Yes ☐ No

Select one or more: ☐ White Non-Hispanic ☐ Black or African American ☐ Asian  
☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native

### EDUCATIONAL INFORMATION

#### Select one:

☐ I am currently enrolled or have graduated from high school. Graduation/anticipated year \_\_\_\_\_  
☐ High School \_\_\_\_\_ City/State \_\_\_\_\_  
☐ I have received my GED. Year attained \_\_\_\_\_

Have you enrolled in credit classes at NIACC before? ☐ Yes ☐ No

I have attended the following college/university:

College \_\_\_\_\_ City/State \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

#### Educational Goals (please select ONE)

☐ Transfer ☐ Change careers ☐ Improve job skills ☐ Personal interest  
☐ Enter job market ☐ Certificate/licensure requirement ☐ Self-improvement ☐ Undecided

### 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.  
8 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 \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_