



North Iowa Area Community College

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

Emergency Medical Responder

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

Emergency Medical Responder (2022SP) EMS -114-0002

_____ 1/20/22 – 4/21/22, Thursdays 5-8pm, Sukup Manufacturing - Sheffield
2 s.h. \$552.00 – All costs are calculated based on in-state tuition

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 _____