



# Health Science Division Program Admission Application

Check program(s) for which you are applying:	Degree	Applications Accepted
<input type="checkbox"/> Emergency Medical Services-Paramedic	Associate of Applied Science	3/1 – 4/15 for Fall Admission
<input type="checkbox"/> Emergency Medical Technician-Basic	Certificate of Proficiency	3/1 – 4/15 for Fall Admission 10/1 – 11/15 for Spring Admission
<input type="checkbox"/> Health Information Technology	Associate of Applied Science	9/1 – 10/20 for Spring Admission
<input type="checkbox"/> Professional Medical Coding	Technical Certificate	2/1 – 3/20 for Fall Admission
<input type="checkbox"/> Medical Laboratory Technology	Associate of Science	1/15 – 4/15 for Summer Admission
<input type="checkbox"/> Phlebotomy	Technical Certificate	Open

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of desired admission to this program: \_\_\_\_\_

Have you previously made admission to this program?  Yes  No GED Certification?  Yes  No

**Work experience:**

Employer	City/State	Dates (From – To)	Job Function

**List information concerning high school, college and other schools attended:**

Institution	City/State	Dates (From – To)	Degree Received

Have you ever taken college entrance examinations?  No  Yes, When? \_\_\_\_\_  
 ACT  SAT  Compass  ASSET  Other: \_\_\_\_\_

Have you ever been convicted of a misdemeanor, felony, DUI or DWI or do you have any charges pending?  Yes  No

Arkansas EMS#: \_\_\_\_\_

Expires: \_\_\_\_\_

**Person to Notify in Case of Emergency:**

Name: \_\_\_\_\_  
(Last Name) (First Name) (Relationship)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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**For your application to be considered complete you must attach the following information to your application:**

1. Make application to NPCC if you are not currently a student
2. Unofficial transcript from NPCC
3. Transcripts from any college other you have attended
4. If you have never attended college, please attach a copy of your COMPASS, ACT or SAT scores
5. On a separate sheet of paper, please answer the following questions
  - Your experiences and activities since you last attended school
  - All of the things you have accomplished that have given you the greatest satisfaction
  - What you most enjoy doing in your leisure time
  - Your reasons for selecting this particular program
  - What planning you have done to provide for adequate preparation and study time?
  - Your plans and aspirations for the future
6. Provide three (3) letters of recommendation (can use form provided on web-site or have persons type or hand-write recommendations) – We do **not** accept recommendations from family members

Refer to the NPCC website or the NPCC catalog for the essential functions and/or technical standards required for each program before submission of this application to the program director. Students are expected to notify the instructor if they are unable to perform these standards/functions, so that referral can be made to NPCC's Compliance Officer for reasonable accommodations under the American's with Disabilities Act (ADA). National Park Community College provides academic accommodations as mandated by ADA and 504. Please contact the Student Support Services program at 760-4227 for disability assistance information.

**Students admitted to these programs must successfully pass a criminal background check and a drug screen. Also, I understand that the Substance Abuse Policy may require drug testing during my enrollment for the following reasons: 1) scheduled testing at unannounced designated times throughout the program, 2) random testing as required by the clinical agencies, or 3) for cause.**

**I understand that falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the program. My signature below attests that the information contained on this application is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**RETURN COMPLETE APPLICATION AND ALL DOCUMENTS TO:**

Health Science Division Administrative Assistant  
101 College Drive  
Hot Springs, AR 71913