



PARAMEDIC MOBILITY NURSING APPLICATION-2010

If you have not previously attended Inver Hills Community College, please complete and remit together with the \$20.00 application fee. Checks/money orders are to be made payable to Inver Hills Community College. **Application fee is non-refundable! Applicants may apply to either Inver Hills or Century College, but not to both institutions. The minimum cumulative GPA to apply is 2.75. APPLICANTS MUST ATTACH ALL OFFICIAL TRANSCRIPTS (OTHER THAN IHCC) & ASSESSMENTS TO APPLICATION OR APPLICATION WILL BE RETURNED. (SEE CHECK LIST)**

This application is for a Summer 2010 start date. **November 1, 2009 is the deadline.**

Name (Last, First, Middle/Maiden) _____	Social Security Number _____	Birthdate (mo/day/yr) _____
Email Address: _____		
Permanent Address _____	City _____ State _____	Zip Code _____ County _____
Mailing address (if different from above) _____	City _____ State _____	Zip Code _____ County _____
Home Phone _____	Business Phone _____	Cell Phone _____
State of Residence: _____ How long have you lived there? _____ (Years)		Sex: M or F (Months)
Citizenship: Are you a US citizen? _____ If not, what type of visa do you hold? _____		

Educational Record: Names of secondary schools, colleges and technical schools attended:

High Schools or GED* received	State	Town or City	From:	To:	Degree or diploma
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Please have an official high school transcript sent to Admissions at Inver Hills Community College.
(only required if high school graduation is within the past five years)

Colleges, technical or Schools	State	Town or City	From:	To:	Certificate, degree or diploma received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Have you completed a paramedic program and passed either a State Certification or National Registry exam? Yes _____ No _____

Year of Graduation _____ Institution _____

Current NREMT-P _____ Date of Expiration _____

State Certification: State _____ EMT-P certification _____ Date of Expiration _____

Will you have a minimum of 1 year full time equivalent paramedic work experience before beginning the accelerated Paramedic to RN Program? If yes, complete the following:

Employer _____ Length of current employment _____

Average hours worked per week _____ Your Position Title _____

Employer verification must be submitted by the application deadline.

Previous Students:

Have you ever attended Inver Hills Community College? Yes ___ No ___

Previous Students: Your name while attending : _____ (Legal document required to make name changes on academic records.) Are you currently enrolled? _____

Do you plan to enroll again before acceptance into the Nursing Program? Yes ___ No ___.

If yes, what semester? _____

New Students:

Do you plan to enroll at Inver Hills Community College before acceptance into the Nursing Program?

Yes ___ No ___ Have you previously submitted a college admission form to Inver Hills? Yes ___ No ___

When do you plan to start? Semester _____ Yr _____

Applicant Signature:

I hereby certify that the information provided on this application form and in all other admission application materials is complete, accurate, and true to the best of my knowledge. I have read the current brochure on admission and program requirements and understand that if I receive an alternate number and do not get accepted, that alternate number does not carry forward to the next years program and a new application is required.

Signature _____
Date

Nursing applications will not be considered unless signed and dated and must be complete and submitted by the deadline date. Documentations received beyond deadline will not be considered in the selection process.

Admission is granted without regard to race, creed, color, sex, age, national origin or disability. This institution abides by the provisions of Title IX, federal legislation forbidding discrimination on the basis of sex and by all other federal laws regarding equal opportunity.

Note: **Federal and state legislation requires that the contents of student files be open to review by the student. Application forms, high school transcripts, test date, letters, and recommendations that are sent as part of any application for admission will be open to the student's review upon request.**

Criminal Record Disclosure

If you have been arrested, charged or convicted of any criminal offense, you should investigate the impact that the arrest, charge or conviction may have on your chances of employment in the field you intend to study or on your chances to obtain federal, state, and other higher education financial aid.

This document can be made available in alternative formats; call 651/450-3628, TTY 651/450-3369.