26 N Center St, Rexburg, ID 83440
208-359-3010
paramedic.fdmadison.org

The Emergency Services National Academy (ESNA) utilizes a structured and documented admissions process designed to ensure applicants are capable of completing all program requirements, including didactic, laboratory, clinical, and field internship experiences.

Admission Process:

Applicants submit required application materials and participate in a formal interview conducted by ESNA program personnel using a virtual meeting platform. During the interview, the program evaluates academic readiness, professional communication, and the applicant's ability to successfully function within an EMS educational environment. Please follow the steps outlined below to complete the admissions process.

1. **Download the Application**
2. **Submit Application** – Complete all required sections and submit application
3. **Application Review** – ESNA reviews your application to verify eligibility and ensure all required information has been received
4. **Application Status Notification** – Applicants will be contacted by email regarding the status of their application
5. **Admissions Interview** – Qualified applicants will be invited to participate in an admissions interview
6. **Offer of Placement** – Selected applicants will receive an offer of placement and instructions for submitting the Enrollment Commitment Fee*
7. **Confirm You Enrollment** – Applicants have 14 calendar days from the date of the offer to submit the Enrollment Commitment Fee. Once payment is received, your seat will be reserved, you will be officially enrolled in the program, and your student manual and onboarding information will be provided

A key component of the admission determination includes verification that appropriate clinical and field internship opportunities are available within the applicant's geographic region. The program confirms that the student can be placed with approved healthcare facilities and EMS agencies capable of meeting required patient contacts and competencies.

***Enrollment Commitment Fee**

Once an applicant receives an offer of placement, applicant must submit a $250 Enrollment Commitment Fee to secure placement in the Paramedic Program. This fee will be applied toward the students' tuition and is non-refundable. Payment must be submitted within 14 calendar days of the date of when the offer letter is emailed. Payment can be made either online with a credit card (includes a processing fee) or a cashier's check. No personal checks will be accepted.

Program Applying For Feb 2027 Paramedic Program

Name

Middle

Last

Email

Phone Number

Birthdate

Address

Secondary Contact Name

Secondary Contact Phone Number

Education, Certificates, and Licenses

HS Graduation Date/GED Completion Date

Highest Level of Education

Are you currently enrolled in college? ☐ **Yes** ☐ **No**

Anatomy and Physiology Class Status I plan on taking MFD's online Anatomy and Physiology Class

Level of Licensure

EMT State Licensure

Expiration Date

License Number

National Registry License

Expiration Date

License Number

Has your EMT license ever been suspended or revoked? ☐ **Yes** ☐ **No**

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a controlled substance-related offense? ☐ Yes ☐ No

Driver's License State

Driver's License Number

Driver's License Expiration Date

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

CPR Certification Expiration Date

Employment

Name of Current EMS Employer

Have at least one year or regular patient care while serving as an EMT Basic attendant or EMT Intermediate. ☐ Yes ☐ No

Employer Phone Number

Employer's Address

Tell us about your current EMS employer. Please describe the level of service provided, describe the service area, what hospitals are in your area, how many calls you respond to annually, and any other information that helps us understand your service.

Describe your current job and duties. Describe what your time at work looks like. Please also explain how often you are working.

Describe the level of support you expect to receive from your current employer during your paramedic training.

Experience

Describe your EMS experience. How did you get into EMS? How long have you been an EMT? How many EMS agencies have you worked for? What do you enjoy most about EMS? What strengths and what weaknesses as an EMT do you possess? What is your motivation for becoming a paramedic?

ESNA Clinical, Field Experience, & Capstone Internship Preferences

Please indicate your *FIRST* and *SECOND* choice for both hospital, field experience and capstone internship sites. Provide site contact information and approximate patient/volume data. Submission does not guarantee placement; ESNA will attempt to honor preferences based on availability.

Students are responsible for:

- **Contacting prospective hospital and EMS agencies**
- **Obtaining appropriate preceptor or coordinator contact information**
- **Confirming willingness of the agency to host student experiences**

Hospital Clinical Site Selection (168 hours)

FIRST CHOICE HOSPITAL:

Reason / Notes:

Contact Name:

Contact Phone:

Contact Email:

Approx. Number of Patients Seen Annually:

SECOND CHOICE HOSPITAL:

Reason / Notes:

Contact Name:

Contact Phone:

Contact Email:

Approx. Number of Patients Seen Annually:

Field (Ambulance/EMS Agency) Site Selection (168 hours)

FIRST CHOICE FIELD SITE:

Reason / Notes:

Contact Name:

Contact Phone:

Contact Email:

Approx. Number of Ambulance Calls Annually:

SECOND CHOICE FIELD SITE:

Reason / Notes:

Contact Name:

Contact Phone:

Contact Email:

Approx. Number of Ambulance Calls Annually:

Clinical & Field Experience Acknowledgment

I understand that ESNA will attempt to honor my preferences, but site placement depends on availability, preceptor staffing, agency agreements, and fulfillment of program requirements.

Student Signature: **Date:**

Capstone Internship Site Selection (336 hours)

FIRST CHOICE FIELD SITE:

Reason / Notes:

Contact Name:

Contact Phone:

Contact Email:

Approx. Number of Ambulance Calls Annually:

SECOND CHOICE FIELD SITE:

Reason / Notes:

Contact Name:

Contact Phone:

Contact Email:

Approx. Number of Ambulance Calls Annually:

Capstone Requirements Acknowledgement

I understand that the Capstone Field Internship requires completing all prerequisite skills, competencies, and adaptive exams as outlined by ESNA and CoAEMSP. I must complete a minimum of 20 Team Leads and 336 hours, demonstrate competency across all required categories, and meet all professionalism and attendance requirements.

Student Signature: **Date:**

Essays and Agreement

Describe why you feel you will be successful in this program.

What challenges, upcoming events, or obstacles might hinder your progress in the program?

Will your employer be assisting you with your tuition? If so, ESNA will need a letter from your employer stating such. Note, if your employer is no longer able to assist with your tuition, you will be responsible for the remaining balance.

Yes

Prerequisites	I acknowledge that I have reviewed the Paramedic Program Prerequisites and that I am able to meet the minimum qualifications.	☐ Yes	☐ No
Technical Standards	I acknowledge that I have reviewed the Technical Standards and that I am able to meet the minimum qualifications.	☐ Yes	☐ No
IT Requirements	I acknowledge that I have reviewed the IT Requirements and that I am able to meet the minimum qualifications.	☐ Yes	☐ No
Tuition and Fees	I acknowledge that I have reviewed the Paramedic Program Tuition and Fees and that I am able to meet the financial obligations of the program.	☐ Yes	☐ No
Affiliation and Equipment Availability	I acknowledge that I will need to be affiliated with an EMS Agency, Hospital, or Clinical who can help oversee my practical skills outside of the lab and classroom environment. I also acknowledge that not being affiliated with an organization may preclude me from program acceptance. Please note that the agency may be different than the agency where you are completing your field experience and internship. It may also be different than the location where you are completing your clinical rotation.	☐ Yes	☐ No

Mentor Availability	Mentors provide hands-on skills coaching, evaluate and document skill competency, offer guidance and encouragement, and serve as a valuable resource as students develop the knowledge, confidence, and clinical skills necessary to become successful paramedics. I acknowledge that I will need a mentor, in my local area, who is currently licensed as either a Paramedic, Registered Nurse, Physician Assistant, or Physician. My mentor must be reasonably available throughout the program to provide skills instruction, evaluate competency, verify required skills, and complete the necessary documentation.	☐ Yes	☐ No
Health Insurance	I acknowledge that I will maintain personal health insurance for the duration of the paramedic program.	☐ Yes	☐ No
Clinical, Field Experience, Internship Sites I certify that the information above is true and correct.	I acknowledge that I will need to get preapproval from a local hospital/clinic and EMS agency to complete my clinical experience and internship hours with.	☐ Yes	☐ No

Signature

Comments/Notes