

Paramedic Education Program Application

Applicants will be scheduled for a program entrance interview and assessment testing after receipt of application. Information regarding financial aid, payment plans, scheduling, etc will be provided at that time.

Application Date: _____

Name: _____

Address: _____

City: _____ State, Zip: _____

E-mail: _____ Phone () _____

Class Location: _____ Class Date: _____

CPR Healthcare Provider Certification:

Expiration Date: _____

EMT-B Certification:

Expiration Date: _____ State: _____ Number: _____

NREMT-B Certification:

Expiration Date: _____ Number: _____

Application Fee
(Must be included with application)

Paramedic Tuition - \$5,750

Application Fee - \$20

Check/Money Order

Payable to Avera McKenna School of EMS

**Applications will not be
accepted without application
fee payment.**

Mail application to:

Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117