CENTRAL WASHINGTON UNIVERSITY

Central Washington University EMT Program Application

Program: Fall quarter, 2026.

Application Deadline: August 3, 2026

Instructions: Please complete all sections of this application form. Submit the completed application along with the required documents by the deadline to be considered for admission to the EMT program. **Due to the high volume of interest in the EMT program, all applicants will be randomly selected via a lottery-based system. The lottery selection process is impartial, and all applicants will have an equal chance of being selected. All applicants will be notified of a decision.**

Please Note: Federal financial aid is only available to students who are pursuinga degree program. If you are enrolling in the EMT course only and not pursuing a degree at CWU, you may not be eligible for federal aid. However, there may be **other options available** to help cover the cost of the course, such as payment plans or alternative funding resources. We strongly encourage you to **reach out to CWU's Financial Aid Office** to explore all possible options and determine what support may be available to you.

Section 1: Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **City:** _____
- **State:** _____
- **Zip Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

I identify my gender as…(Mark Answer)

❑ Man

❑ Woman

❑ Genderqueer/Non-Binary

❑ _____ (fill in the blank)

❑ Prefer not to disclose

Section 2: Educational Background

- **High School Name:** _____
  - **City/State:** _____
  - **Graduation Date:** _____
  - **GPA:** _____
- **College/University (if applicable):** _____
  - **City/State:** _____
  - **Degree (if any):** _____
  - **Major:** _____
  - **Graduation Date:** _____
  - **GPA:** _____

Section 3: Race/Ethnicity: This is used as demographic purposes only. It will not be used to determine acceptance into the program.

Ethnicity: Check answer

☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Prefer not to disclose

Race (check all that apply):

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Prefer not to disclose

Section 4: Background Check and Drug Screening

- **Background Check:** Applicants are required to undergo a background check as part of program acceptance. You are not required to submit the background check before being offered acceptance into the program, but it is recommended.

- All students participating in the clinical ride shift, will need to complete a WATCH background check by the first day of the quarter
- The link to the online background check is here- https://watch.wsp.wa.gov/
- You will choose just the name and date of birth background check
- 1. Once on the WATCH website press "Establish a New Credit card account"
- 2 Fill in all required information and submit
- 3. Press on "Criminal history request"
- 4. Fill in with your information
- 5. Add name to search request
- 6. Press search now
- 7. Fill in appropriate billing information
- 8. Press submit
- 9. Download results page
- 10. Insert Rapsheet file this EMT application

- *By signing below, you attest that all information is true and accurate*

Signature: _____ **Date:** _____

Section 5: Application Checklist

Please ensure that you have included the following items with your application:

- Completed application form
- High school and/or college transcripts
- Background check

Submit your completed application and all required documents via email to:

Do not submit handwritten applications – this is word document that you can type into

CENTRAL WASHINGTON UNIVERSITY

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For questions or additional information, please contact the Health Sciences Office.