



Critical Care Transport Course – Student Application
Spring 2026 Cohort | Limited to 15 Students
APPLICATION DEADLINE: February 1st to March 1st
Course Start Date: March 31st

Please read and follow all directions carefully! Incomplete applications will delay and/or prevent acceptance into the Program.

APPLICATION GUIDELINES

Applications should be emailed as a single PDF to Natalie Baldwin: Natalie.Baldwin@cwu.edu. **Do not mail it in, and do not send pictures of the application**, it must be scanned in.

This course is open to **licensed paramedics and registered nurses** with current certification. Due to the high level of training and limited space, acceptance is **competitive and based on eligibility, experience, and intent**.

Applicant Information

Full Name: _____
Preferred Name (if different): _____
Date of Birth: ____/____/____
Phone Number: (____) _____ - _____
Email Address: _____
Mailing Address: _____

Professional Credentials:

Current Certification (Check one):
EMT Paramedic (State/License #: _____)
Registered Nurse (License #: _____)
Other (Specify): _____

State(s) of Licensure: _____
Certifications Held (Check all that apply):

- ACLS
- PALS
- BLS

Employment Information

Current Employer: _____

Job Title/Role: _____

Length of Employment: _____

Clinical Experience

Briefly describe your clinical experience relevant to critical care or flight provider (250 words max):

Personal Statement

Please explain why you are interested in taking this course, what you hope to gain, and how it fits into your professional goals. (500 words max)

Required Attachments

Please include the following with your application:

- Copy of your current license(s)
- Resume or CV
- Copy of your certification (RN/PM, ACLS, BLS, etc.)

Important Notes

- There are only **15 seats available** in this course.
- Admission is **competitive**. All applicants will be notified of their admission status via email.
- Selected applicants must **confirm their seat** and pay any associated tuition/fees within the deadline provided upon acceptance.
- Students must be available for **all class days and simulation sessions**.

Applicant Signature

I certify that all information in this application is true and complete to the best of my knowledge. I understand that misrepresentation may result in disqualification from this program.

Signature: _____

Date: ____/____/____



EMS Program
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