PARAMEDIC PROGRAM
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(P) 417.455.5505
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CROWDER COLLEGE
EMS Education

APPLICATION FOR ADMISSION
PARAMEDIC PROGRAM

Shirt Size: _____

PERSONAL DATA

Name _____ _____
Last First Middle Social Security Number

Home Address _____ _____ (___)_____
Street City State Zip Phone Number

EDUCATION

_____

Name of High School Address of High School Grade Completed Graduation Date

_____

GED Date Issued Issuing Agency (Please provide copy of scores)

COLLEGE:

_____

_____

EMT SCHOOL: Name and Location _____

OTHER (Vocational School, Trade, etc.) _____

_____

Have you ever applied or been enrolled in a Paramedic Program? YES___ NO___

If yes, when and for what reason(s) was your enrollment terminated?

_____

EMPLOYMENT

(Please list most current employer first)

1._____

Current Employer | Address | Phone Number

_____

Position Held | Dates of Employment | Reason for Leaving

2. _____

Employer | Address | Phone Number

_____

Position Held | Dates of Employment | Reason for Leaving

3. _____

Employer | Address | Phone Number

_____

Position Held | Dates of Employment | Reason for Leaving

May we contact any or all of your past/current employers for references? YES___ NO___

REFERENCES

Give names and addresses of three (3) persons who have known you at least one year and have knowledge of your work record and responsibility. Do not list relatives or close friends.

_____

Name | Address | Phone | Business/Occupation

_____

Name | Address | Phone | Business/Occupation

_____

Name | Address | Phone | Business/Occupation

SUPPLEMENTAL DATA

Why do you want to become a Paramedic?

_____

_____

How did you hear about us?

_____

_____

What are your plans after graduation from Paramedic School?

_____

_____

List any awards, honors, citations or positions held in school or community organizations, athletic endeavors, continuing education and any other special recognitions you have received during the past five (5) years.

_____

_____

_____

Shirt size: _____

E-mail: _____

FOR YOUR INFORMATION

Emergency Services Section 190.165

In compliance with the Missouri Revised Statutes, Chapter 190 of the Emergency Services Section 190.165, each applicant will be required to answer the following questions and others at the time of application to take the licensure examination:

- Have you ever been finally adjudicated and found guilty, or entered a plea of nolo contendere in a criminal prosecution under the laws of any state or of the United States, whether or not you received a suspended imposition of sentence for any criminal offense?

  _____

- Have any administrative licensure actions ever been taken against your EMT license in Missouri or any other state? _____

IF ANY OF THESE QUESTIONS ARE ANSWERED YES, THE MISSOURI BUREAU OF EMS WILL RULE WHETHER OR NOT THE APPLICANT MAY RECEIVE A LICENSE AFTER COMPLETION OF THE PARAMEDIC PROGRAM.

I have given true, accurate and complete information on this application to the best of my knowledge. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student.

_____ _____

Signature (Do Not Print) Date

STUDENT ELIGIBILITY

To be eligible for the paramedic program, you need to meet the following minimum requirements:

-Be currently licensed as an EMT in the state of Missouri

-Must be at least 18 years of age

-Have a current American Heart Association Basic Life Support for Healthcare Providers (CPR) card that is current. (CPR certification must be maintained current throughout the paramedic training).

-Have a valid state driver's license

-Have a high school diploma or GED

-Submit a complete program application and all supporting documents

-Show a positive appearance, motivation and attitude (in the clinical and field internship segments, the student will be working closely with patients, nurses, physicians and paramedics and must maintain a high degree of professionalism).

-Successfully complete an interview with the advisory board on the date and time provided

-Submit a writing sample on a specific topic predetermined by the program director (writing sample will be completed as you are waiting for interview with the advisory committee)

-Be able to lift 150 pounds

-Show verification of TB skin test and negative reading

-Hepatitis B: Proof of 1st inoculation of series prior to start of class; or if series is complete, proof of all inoculation dates; or proof of Titer date and results.

-Be able to read minimal on 10th grade level

-Be able to adapt to stressful situations

WAIVER

Personal references are given with assurance of confidentiality. For this reason, we are requesting the following waiver agreement be signed. This is necessary in order to comply with Federal Law PL93-380, regarding statements of recommendation submitted by references on your behalf:

I, _____, hereby waive my right to see the personal/professional letters of recommendation from the individuals I have listed as references on my application for admission into the Crowder College Paramedic Program and give my sole permission for the selection committee to have full access to this confidential information during the admission process.

_____ _____

Signature (Do Not Print) Date