**COMMUNITY PARAMEDIC APPLICATION**

**ALLIED HEALTH DEPARTMENT**

**Credentials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MAC Student ID Date of Birth Social Security Number

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Maiden

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

**Contact Info:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ U.S. Citizen ❑ Authorized Alien Status

 Cell Phone MAC Email Address

**Schools:** Name of Other Colleges City, State Completed Degree Name Last Year Attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMS History:**

 **Paramedic** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *\*Required* Name of School City, State Years Attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your licensure ever been disciplined or revoked, explain Exam Pass Date License Number

 Have been a student in the Mineral Area College paramedic program? ❑ Yes ❑ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School City, State Years Attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain reason for not completing

**Convictions**: Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violations), whether or not sentence was imposed, in this state or any other state?

❑ Yes ❑ No Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested or convicted of a sexual offense in this state or any other state?

❑ Yes ❑ No Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional** Name Company Title Email Address

**References:**

*(i.e. professor, trainer,*

*supervisor, manager)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Acknowledgements:** By signing below**,** *I acknowledge that I have read, understand and been offered a copy of the Notice of Entrance Requirements. I confirm that these requirements include academic testing, prerequisites and GPA criteria. I understand that I am responsible for requesting official transcripts from other educational institutions. I am aware the deadline for completion and submission of these criteria.*

*Furthermore, I acknowledge that I have read, understand and been offered a copy of the Notice of Essential Functions necessary for the EMS education programs. By signing here, I confirm that I can perform, with or without reasonable accommodation, the essential functions necessary in the role of a student Community Paramedic.*

*I have been offered the Notice of General Policies which includes information regarding Equal Opportunity at Mineral Area College and the American Disabilities Act.*

*Additionally, I have also been provided with information on accessing the Missouri Revised Statutes regarding paramedic professionals. A copy can be accessed in the Allied Health Department office. I agree that I have read and understand the information and regulations listed therein.*

*I hereby voluntarily waive my right to access, as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by references on my behalf.*

*I further agree that the information contained in this application is complete and accurate to the best of my knowledge.*

**Grant Assistance** Are you interested in grant assistance to help with tuition costs? ❑ Yes ❑No

 The criteria includes:

* Undisciplined Paramedic License
* Referral Letter from a member of your leadership team

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

 **Please submit application, along with copies of the following documentation, to** **clmarler@mineraarea.edu** **:**

 *Use printer scanner or phone scanner app to create PDF files; picture formats not accepted.*

* Licensure from Missouri Dept of Health and Senior Services | Bureau of EMS
* Basic Life Support for Healthcare Providers CPR certification
* Personal identification: driver’s license and social security card
* Immunization shot records

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_ Amount Paid: $ \_\_\_\_\_\_\_\_\_\_ ❑ Cash ❑ Check # \_\_\_\_\_\_\_\_\_\_\_\_