

APPLICATION PARAMEDIC PROGRAM



Jefferson College * Career and Technical Education * 1000 Viking Drive * Hillsboro, MO 63050-2441

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www.caahep.org



Paramedic Program Application

Last First MI Date of Birth

Current Address City/State/Zip

Phone Number * Social Security Number *Current Email

Have you enrolled as a student at Jefferson College before? Yes No

Have you taken the Accuplacer Test? Yes No

If no, do you have SAT/ACT test score results? Yes No

EDUCATION HISTORY

High School	Dates Attended	Graduation Date

College/University	Dates Attended	Graduation Date

Work Experience

Employer	Job Title	Dates of Hire

Current* **Missouri** EMT License copy/ Exp. Date _____

National Registry Certification Copy /Exp. Date _____

BLS/CPR Copy/ *Exp. Date _____

Length of EMS Experience _____ Yrs. _____ Months _____ Fulltime/Part time.

Have you ever been arrested or convicted? _____ If yes, please indicate charges on separate piece of paper.

Have you ever had an addiction to alcohol or drugs? _____ If yes, please describe on separate piece of paper.

Have you ever had any legal actions taken against any employers? _____ If yes please describe on separate piece of paper.

Are you physically able to perform the duties of a paramedic (lifting 250# with 2 people, work in confined spaces in uncomfortable positions for long periods of time) _____ If not explain on a separate piece of paper.

Additional EMS Related Certifications

Certification	Level (Basic/Advanced)	Expiration Date

Continuing Education Courses Attended in last 12 months

Course Title	Dates Attended	CEU's Awarded

***Explain clearly and concisely why you are applying for the Jefferson College Paramedic Program**

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

1. *Three Letters of reference:
 - a. Ambulance Supervisor or supervisor from previous or current job
 - b. Someone familiar with your medical abilities (can be EMS Instructor)
 - c. Personal reference
2. *A copy of High School Diploma or GED
3. *Copy of college transcripts
4. *Copy of current Missouri EMT License MO or letter that license is pending
5. *Copy of current American Heart Association CPR card BLS
6. ***Copy of immunization records:**
 - a. **TB (PPD) Results within last 6 months**
 - b. **Hepatitis B**
 - c. **Tetanus (tDap) within last 10 years**
 - d. **MMR**
 - e. **FLU Vaccination (will need to get after class starts after September 30, 2019)**
 - f. **Varicella titer or vaccine 2 dose or proof of disease**
7. *Police records check from county that you reside in. If less than 5 years in the state must be State Highway Patrol background check.
8. ***Successful completion of English Comp I, Anatomy and Physiology, EMT206 with a C or higher grade. You must have these before August 5th.**

* Denotes required information

All of this information must be submitted with this application. Any missing information will result in the application being removed from consideration for acceptance into the program. There will be no exceptions.

I, the undersigned, authorize the investigation of all information within this application. I understand that any misrepresentation and/or omissions of facts requested are grounds for dismissal from the program as well as the selection process.

Signature of Applicant

Date

It is the policy of Jefferson College that no person shall, on the basis of age, color, creed, gender, nation origin, race, religion, or veteran status, be subject to discrimination in admission to any educational program or activity of the College.

You must submit a current email address because all correspondence associated with the application procedure will be done by email.