APPLICATION PARAMEDIC PROGRAM

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

636-481-3403 * Fax 636-467-2612 * www.jeffco.edu

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

<table>
<thead>
<tr>
<th>High School</th>
<th>Dates Attended</th>
<th>Graduation Date</th>
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<tr>
<th>College/University</th>
<th>Dates Attended</th>
<th>Graduation Date</th>
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## Work Experience

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<tr>
<th>Employer</th>
<th>Job Title</th>
<th>Dates of Hire</th>
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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

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<tr>
<th>Certification</th>
<th>Level (Basic/Advanced)</th>
<th>Expiration Date</th>
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Continuing Education Courses Attended in last 12 months

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<tr>
<th>Course Title</th>
<th>Dates Attended</th>
<th>CEU’s Awarded</th>
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*Explain clearly and concisely why you are applying for the Jefferson College Paramedic Program

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
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 (two-stage test) within last 6 months
   b. Hepatitis B
   c. Tetanus (tDap) within last 10 years
   d. MMR
   e. FLU Vaccination (students will need to get after class starts after September 30, 2019)
   f. Varicella titer or vaccine (2 dose or proof of disease)
   g. Meningitis vaccine (if vaccine was given prior to age 15, student will need a booster)
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 (BIO 116 or BIO 211), EMT206 with a C or higher grade.

Items 1 – 8 (with the exception of 6.e.) must be completed before August 6th.
* 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

______________________________________________________________________________
                        ____________________________________________
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.