Program Name: **Emergency Medical Technology**

Program Length: This program is designed to be completed in **21 months**.

If completed within normal time, this program will cost:

<table>
<thead>
<tr>
<th>Residency Status</th>
<th>Estimated Tuition &amp; Fees</th>
<th>Estimated Books &amp; Supplies</th>
<th>Total for Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-District</td>
<td>$8,186.00</td>
<td>$2,076.00</td>
<td>$10,262.00</td>
</tr>
<tr>
<td>Out-of-District/In-State</td>
<td>$11,322.00</td>
<td>$2,076.00</td>
<td>$13,398.00</td>
</tr>
<tr>
<td>Out-of-State</td>
<td>$14,458.00</td>
<td>$2,076.00</td>
<td>$16,534.00</td>
</tr>
</tbody>
</table>

*Fewer than 10 students completed this program within the normal time. This number has been withheld to preserve the confidentiality of the students.*

Students Borrowing Money: Of the students who completed this program within normal time, the typical graduate leaves with **$0.00** of debt.

Licensure Requirements: The following States do not have licensure requirements for this profession: **Missouri**

For more information about graduation rates, loan repayment rates, and post-enrollment earnings about Jefferson College and other postsecondary institutions, please click here: [https://collegescorecard.ed.gov/](https://collegescorecard.ed.gov/)

**Student Action:**

Current Department of Education regulations specify disclosure requirements for all certificate programs. Institutions are required to provide students with information about gainful employment in a recognized occupation related to the certificate program of interest. Federal guidelines require you receive this disclosure.

Please submit this form to Jefferson College, Office of Student Financial Services, 1000 Viking Drive, Hillsboro, MO 63050, or email it to finaid@jeffco.edu.

TERM (circle one): FALL SPRING SUMMER YEAR: _______________________

Printed Name: _____________________________________________ Student Id: ________________

I certify that I have read and am aware of the Gainful Employment Disclosure information for the Emergency Medical Technology Certificate at Jefferson College.

Signature: _____________________________________________ Date: _____________________