Jefferson College

Paramedic Program Application

INSTRUCTIONS: Carefully review all the pages of the application AND the document titled “Admission Rubric”. Complete each step of the admission checklist (page 2). Please ensure all steps have been completed before the deadline date.. Please ensure all application materials are completed before sending. Sending application: Complete each page below, keep pages in order, then attach and send ONE email to **par_emt-application@jeffco.edu**

Applicants will be notified approximately two weeks after the deadline to complete a series of research questions.

Jefferson College
1000 Viking Dr. Hillsboro, MO 63050

EMT-Paramedic
Application for Admission

Please complete the following application for consideration in the Paramedic Program. Email the completed application to Program Applications @ par_emt_applications@jeffco.edu

Applications due by: JUNE 1, 2026

Admission Checklist

◯ Done	If new to Jefferson College, submit Jefferson College applications for admission form. This can be done in person or online : www.jeffco.edu (home>future students>apply) or follow this LINK You will need your Jeffco V# for your application
◯ Done	Apply for financial aid. The federal financial aid application (FAFSA) is also available online. School code 002468 . Students aged 20-24 may qualify for the Fast Track Workforce Incentive Grant- visit the Fast Track Grant page HERE.
◯ Done	Complete the general education courses listed on the next page with grade specified.*
◯ Done	2.00 GPA (overall) for all college level course work.
◯ Done	Complete EMT-Paramedic Application (attached)
◯ Done	Submit signed and dated Jefferson College EMT-P Code of Ethics form
◯ Done	Signed Release for Drug Testing Consent and Release/ Background Check Form
◯ Done	Submit copy unofficial transcript **and** a spring/summer schedule which shows proof of enrollment in pre-requisite courses (if applicable) and submit with the application packet.
◯ Done	Submit copy EMT verification of licensure *
◯ Done	Submit copy of Valid Driver's license
◯ Done	Send Letter of Recommendation to recommender of choice. Only one letter is required, however sending more that one letter is encourage to ensure at least one letter is returned by the due date. Letters must be emailed from recommender to par_emt_applications@jeffco.edu and are due no later than by June 19, 2026

***Required courses and EMT licensure may be completed in the Summer of 2026. Students should still apply before the June 1, 2026 and acceptance into the Program will be contingent upon completion of these requirements. Students will be required to submit final grades and licensure as soon as completed and before the Fall 2026 semester start.**

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EMT-Paramedic
Application for Admission

Social Security Number number)	Date of Birth	Student ID (College V#)

Last Name	First Name	Middle Name

Preferred Name	Previous Name

(Area) Home Phone No.	(Area) Work Phone No.	Jeffco Email Address

Address – Street, Route, or Box Number

City	State	Zip Code

Emergency Contact NAME	Phone number	Relation

Driver's License Number	State Issuing License

Please check one below:

_____ **I am applying for the Certificate in Paramedic Technology**

_____ **I am applying for the Associate of Applied Science in Paramedic Technology**

Do you have any felony/ misdemeanor convictions? _____Yes _____ No

If yes, please indicate your felony class/ conviction:

_____

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Transcripts: If you have attended other colleges, request that official transcripts be sent to: Jefferson College for evaluation. ALSO, attach unofficial transcript to the application.

Co-requisite OR Pre-requsite Classes:

Course	Certificate in Paramedic Technology	AAS in Paramedic Technology	Semester / Year completed	Letter Grade Received
COM100 Fundamentals of Communication OR COM110 Public Speaking	Not required			
3 credits of Social or Behavior Sciences *	Not required			
CIS 125 Computer Literacy	Not required			
Civics Course HST103 HST104 OR PSC102 and Civics and PSC001 MO Civics Requirement	Not required			
ENG101 English Composition I	☐ Yes ☐ No	☐ Yes ☐ No		
BIO116 Anatomy and Physiology for Pre-Hospital Healthcare	☐ Yes ☐ No	☐ Yes ☐ No		
3 Credits of Natural Sciences*	Not required	☐ Yes ☐ No		
First Year Experience	☐ Yes ☐ No	☐ Yes ☐ No		

Cumulative GPA: _____

Spring OR Summer (2026) enrollment (list courses): _____

I certify that I am physically and mentally able to perform the essential duties and functions (with reasonable
accommodations if necessary) of a Paramedic, and that all information is correct. I understand that if any facts provided in this application packet have been misrepresented, it will be sufficient cause for being declared ineligible or dismissed from the program.

_____ _____

Signature Date

*See MOTR Webpage for a list of choices

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Jefferson College Paramedic Code of Ethics

In order to promote excellence in patient care, the Jefferson College Paramedic student shall:

- Treat patients with respect for the dignity, rights, and value of each individual.
- Provide nondiscriminatory and equitable treatment for all patients.
- Promote and strive to protect the health, safety and rights of each patient, including placing the wellbeing of the patient before his or her own well-being.
- Maintain confidentiality of patient information following privacy regulations required by law.
- Not reference any person, place or affiliated agency associated with the clinical experience in or on any form of social media including, but not limited to, blogs, networking (Facebook, Snap Chat, Instagram, etc.), Twitter, or video sharing (YouTube, etc.). Information displayed on these formats is considered public and could be identified as a HIPAA violation.
- Perform procedures or functions within his/her level of education in the profession.
- Refuse to participate in any illegal, unethical or incompetent acts.
- Disclose any illegal, unethical, or incompetent acts of others to the proper authority.
- Avoid any conduct that creates a conflict of interest.
- Demonstrate behavior that reflects integrity.
- Follow all principles of ethical and professional behavior, as identified in the code of ethics of his/her chosen health career.

Students shall be denied admission to the EMT-Paramedic for any of the above breaches in ethics.

Please check each box to ensure each item has been carefully read and agreed upon:

- ☐ I have read and understand the EMT-Paramedic Code of Ethics and understand that any breach in ethics will result in an inability to apply for admission.
- ☐ I attest all information in my application packet is complete and accurate to the best of my knowledge.
- ☐ I understand that withholding or providing false information may be grounds for my dismissal form the Jefferson College EMT-Paramedic.
- ☐ I understand that before, and possibly throughout the course of my participation in Jefferson College EMT-Paramedic, I will be asked to submit to a background check and drug testing as required by the clinical sites.
- ☐ I understand, that at any time, if I test positive for any prohibited substance, I may be removed from the Program.
- ☐ I understand, that if I have any felony or misdemeanor convictions, the Program may not be able to place me in a clinical site.

_____

Print Full Name

_____ _____

Student Signature Date

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DRUG TESTING CONSENT AND RELEASE/ BACKGROUND CHECK CONSENT

I, _____, as a condition of admission into the Jefferson College EMT-Paramedic, hereby voluntarily agree to submit a sample of my urine and/or blood for chemical analysis when requested by the College. I understand that the purpose of this analysis is to determine the absence or presence of drugs or alcohol in my system.

I also hereby give my consent to the disclosure of test results by the testing laboratory to the Program and/or its designated agents for use by the Program in deciding whether or not to allow my continuance in the Program and any other lawful purposes. I understand that a positive test result is grounds for dismissal from the Program. I understand that all information disclosed to the Program by the testing laboratory will be kept confidential by the Program and will be released only to those College employees, agents, clinical sites and/or third parties (such as government agencies), with a need to know.

I understand, that at any time, if I test positive for any prohibited substance, I may be removed from the Program.

I hereby release and hold harmless the College and its employees and agents from any liability whatsoever arising from this request to furnish specimens, the testing of these specimens, and the disclosure of the test results to the Program and/or its agents and/or third parties. I also understand at any time during the course of the program I may be subjected to random screening.

I also attest that I will be requesting a background check on myself and have not or will not falsify my identity to obtain a background check on anyone other than myself. The information I provide will be true to the best of my knowledge and belief.

I understand that the College requiring this check will automatically have access to my report once it is available. I also understand that the College may authorize designated affiliate hospitals, clinical sites, ambulance districts, and/or schools to view my report if such information is required prior to gaining entrance into such facilities.

I understand that if I have any felony or misdemeanor convictions, the Program may not be able to place me in a clinical site.

Print Full Name _____

Signature_____

Date_____

***** INITIAL TESTING WILL BE COMPLETED ONCE ENROLLED IN THE PROGRAM*****

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APPLICANT WAIVER OF ACCESS TO LETTER OF RECOMMENDATION

Applicants: Please indicate whether or not you waive your right to review this letter of recommendation by signing the correct line at the bottom of this page.

NOTE: Waivers of access to letters of recommendation are *optional* and *voluntary*. Departments or programs at Jefferson College may request waivers, but do not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Printed Name of Applicant:_____

By signing below, I ***agree*** to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) written by the below named recommender.

Applicant Signature: _____
Date:_____

Please LIST the names of your recommenders and their email address. Email address and Recommender MUST match email provided on this form. If a letter of recommendation is sent from an email not provided below, the letter will NOT be placed in the student's file and will NOT be counted for points for admission.

Only ONE Required

Name of Recommender and email address: _____

Name of Recommender and email address: _____

Name of Recommender and email address: _____

CONFIDENTIAL EVALUATION OF APPLICANT

Applicant Name: _____ Date:_____

The above-named applicant has given you this recommendation form as needed for application to the Paramedic Program at Jefferson College.

How long have you known this applicant? _____

In what capacity have you been associated with this applicant? _____

_____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Motivation	☐	☐	☐	☐	☐
Punctuality/Reliability	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Empathy	☐	☐	☐	☐	☐
Appearance	☐	☐	☐	☐	☐
Shows Initiative	☐	☐	☐	☐	☐
Quality of Work/Attention to Detail	☐	☐	☐	☐	☐
Problem Solving/Resourcefulness	☐	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐	☐
Maturity/Emotional Control	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐
Moral Compass/Ethics	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Ability to Perform Under Pressure	☐	☐	☐	☐	☐

Please discuss the applicant's characteristics you feel will make him/her a competitive candidate for this professional program.

_____

_____

_____

_____

_____

_____

_____

☐ I recommend this applicant with confidence.
☐ I recommend this applicant.
☐ I recommend this applicant with some reservations.
☐ I would not recommend this applicant for admissions.

Evaluator's Name: _____

Evaluator's Signature: _____

Contact Information: _____

_____

_____

On behalf of the EMT-Paramedic Program, thank you for submitting the reference for the application process. Please email both pages to **par_emt_applications@jeffco.edu**

Scoring Rubric
(Informational Only)
Paramedic Program

The Paramedic employs a transparent, merit-based selective admission process. This rubric has been provided to inform applicants of the criteria and point allocation system used in the evaluation process. Points are awarded according to the scoring rubric detailed below. Applicants will be ranked in descending order based on their total scores, and admission offers will be extended to the highest-ranking candidates.

Criteria	Calculation	Number of Points
GPA	Applicant GPA A=4.0/4.0 X 100 B=3.0/4.0 X 100 C=2.0/4.0 X 100 D=1.0/4.0 X 100	4.0 =100 3.0 =75 2.0 =50 1.0 =25 100 total points possible
Grade in Required Courses	ENG101 BIO116 MTHXXX-highest math course will be used	A =100 B =75 C =50 D =25 Total points earned /300
Letter of Recommendation	Total Earned Points/ Total Possible Points	50 points possible
Bonus Points	Previously attended Jefferson College for their EMT Program	10 points

Total Points_____/450

Information Only- Requirements Will Be Completed Once Accepted Into the Program

Immunization Requirements:

- **Tuberculosis Screening**: Quantiferon Gold/T-Spot (Blood draw)**

OR

TB skin test- two tests within the last 12 months but placed at least one week apart

Blood test is **recommended because it requires only one visit to the lab. The skin test will be an accepted alternative but will require the student to visit the pharmacy or lab a total of four times.**

- **MMR**-Two MMR vaccinations at least 1 month apart after age 1

OR
Positive titers for Measles, Mumps and Rubella showing immunity
OR
Documentation of 2 Measles, 2 Mumps and 1 Rubella vaccinations (5 total)

- **Chicken Pox (Varicella)**-Series of 2 doses

OR
Positive titer showing immunity

- **Tetanus (Tdap)**-within the last 10 years
- **Flu vaccine**-Must be the current seasonal flu vaccine
- **Covid** (no boosters required)
    - Waivers available

Additional Requirements:

- Criminal Background check from either
    - Missouri State Highway Patrol
    - Jefferson County Sheriff's Department (can only use this method if student has resided in the County for at least five years).
- Urine Drug Screening
    - This will be accomplished in class but please note that a positive test for use of illicit substances will result in administrative action and could lead to release from the program.
- Uniform: **REQUIRED FIRST DAY OF CLASS**
    - Shirt with logo from the bookstore (call 636-481-3290 to check availability)
    - Black or navy combat pants
    - Black belt
    - Black crew socks
    - Black leather or vinyl shoes or boots

Vaccination Records can be requested by using the following instructions if desired: ShowMeVax records can be obtained through a participating health care provider or by contacting your Local Public Health Agency. Alternatively, you may complete a Request for Official State of Missouri Immunization Records and submit it to the Missouri Department of Health and Senior Services, Bureau of Immunizations via fax at 573-526-0238 or email immunizationrecordrequests@health.mo.gov. For questions, call 800-219-3224 or 573-751-6124.