

Credentials:

MAC Student ID _____ / _____ / _____
 Date of Birth _____ Social Security Number _____

Name:

Last _____ First _____ Middle _____ Maiden _____

Address:

Street _____ City _____ State _____ Zip _____

Contact Info:

Cell Phone _____ MAC Email Address _____ ☐ U.S. Citizen ☐ Authorized Alien Status

Schools:

Name of High School _____ City, State _____ Date of Graduation _____

Name of Other Colleges _____ City, State _____ Completed Degree Name _____ Last Year Attended _____

EMS History:

EMT
**Required*

Name of School _____ City, State _____ Years Attended _____

Has your licensure ever been disciplined or revoked, explain _____ Exam Pass Date _____ License Number _____
**Must test by 7/31/2020*

Paramedic

Have you ever been a student in any 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: _____

Education:

Course	Grade	School	Term
Medical Terminology I			
Paramedic Anatomy & Physiology			
Applications of College Math			
English Composition I			
Introductory Chemistry			
Human Anatomy			
Human Physiology			

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 is **May 1, 2020**.

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

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. I know of no reason that I would be denied the opportunity to sit for the National Registry Examination following my training.

Signature:_____
Student Signature_____
Date**FOR OFFICE USE ONLY**Date: ____/____/____ Staff Initials: _____ Amount Paid: \$ _____ ☐ Cash ☐ Check # _____

REFERENCE CONTACT INFORMATION
Paramedic Technology Program | Mineral Area College

The Allied Health Department office will send reference forms directly to listed contacts with a postage-paid return envelope. Please let references know they will be receiving communications from us. DO NOT use the same contact twice as a professional and personal reference. However, it is acceptable to use two different individuals from the same place of employment. Incomplete addresses will not be contacted and may delay the application process. DO NOT include relative or clergy.

Professional

List employment beginning with most recent. Specifically include: present employer, any health care related employment, and any teacher/administrator experience.

<hr/>	<hr/>	<hr/>	<hr/>
Company Name	Supervisor Name	Your Job Title	Dates Employed

<hr/>	<hr/>	<hr/>
Street Address	City, State, Zip Code	Email Address

<hr/>	<hr/>	<hr/>	<hr/>
Company Name	Supervisor Name	Your Job Title	Dates Employed

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Street Address	City, State, Zip Code	Email Address

<hr/>	<hr/>	<hr/>	<hr/>
Company Name	Supervisor Name	Your Job Title	Dates Employed

<hr/>	<hr/>	<hr/>
Street Address	City, State, Zip Code	Email Address

Personal

<hr/>	<hr/>	<hr/>	<hr/>
Name	Relationship	Email Address	Dates Known

<hr/>	<hr/>	<hr/>	<hr/>
Street Address	City	State	Zip

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Name	Relationship	Email Address	Dates Known

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Street Address	City	State	Zip

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Name	Relationship	Email Address	Dates Known

<hr/>	<hr/>	<hr/>	<hr/>
Street Address	City	State	Zip

APPLICATION QUESTIONNAIRE
Paramedic Technology Program | Mineral Area College

Answer the following question in complete sentences. Please type answers on a separate piece of paper and submit with the application to the Allied Health Department office by the application deadline.

1. Why are you seeking education and training as a Paramedic?

2. What personal traits or characteristics do you have that will make you an effective paramedic student?

3. What are your personal or character strengths? What areas need improvement?

4. Explain why this is the right time in your life to pursue a career as a paramedic?

5. What are your expectations regarding the paramedic program?

6. Describe your current work experience. *Note: you do not have to be currently working in EMS.*

7. Describe a past learning experience that you enjoyed.