



2021 – 2022
PARAMEDIC PROGRAM APPLICATION
ALLIED HEALTH DEPARTMENT

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 be licensed by 1st day of class

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?
Have you ever been arrested or convicted of a sexual offense in this state or any other state?

**Professional  
References:**

(i.e. professor, trainer,  
supervisor, manager)

Name	Company	Title	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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, 2021**.

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

**Please submit application, along with copies of the following documentation, to [clmarler@mineralarea.edu](mailto:clmarler@mineralarea.edu) :**  
Use printer scanner or phone scanner app to create PDF files; picture formats not accepted.

- Licensure from Missouri Dept. of Health and Senior Services | Bureau of EMS
- Certification from National Registry of Emergency Medical Technicians (NREMT)
- Basic Life Support for Healthcare Providers CPR certification
- Personal identification: driver's license and social security card
- Additional training certificates (FEMA, HAZMAT, ITLS, etc.)
- Immunization shot records
- 3 Letters of References (Professional not Personal)

**FOR OFFICE USE ONLY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

# Mineral Area College

## Allied Health Services

---

### Requirements for 2021 Paramedic Application Process

**The following copies are due upon submission of application**

1. Driver's License
2. SS Card
3. State EMT License
4. NREMT-B Certification
5. AHA BLS HCP Certification
6. FEMA NIMS 100, 200, 700 & 800
7. HazMat First Responder Awareness
8. Physical Examination
9. Immunizations – including:
  - TB 2-step
  - Varicella 2-vaccinations or Titer
  - MMR 2-vaccinations or Booster/Titer
  - HepB 3-vaccinations or Booster/Titer
  - TDAP

