



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

EMS History:

**Paramedic
*Required**

Name of School _____ City, State _____ Years Attended _____

Has your licensure ever been disciplined or revoked, explain _____ Exam Pass Date _____ License Number _____

Have been a student in the Mineral Area College 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: _____

**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 31st, 2023**.

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 jharper@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
- Basic Life Support for Healthcare Providers CPR certification
- Personal identification: driver's license and social security card
- Immunization shot records

FOR OFFICE USE ONLY	
Date received: ____/____/____	Staff Initials: _____