



# COMMUNITY PARAMEDIC APPLICATION

## EMS Education Programs

**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
_____	_____	_____	_____

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**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.

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](mailto: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

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