



MINERAL AREA COLLEGE

PARAMEDIC PROGRAM APPLICATION EMS EDUCATION PROGRAMS 2025-2026

SELECT THE PROGRAM YOU ARE APPLYING TO:

- Associate of Applied Science in Paramedic Technology
- Paramedic Program Certificate

Credentials:	_____	_____/_____/_____	_____	
	Social Security Number	Date of Birth	MAC Student ID	
Name:	_____			
	Last	First	Middle	Maiden
Address:	_____			
	Street	City	State	Zip
Contact Info:	_____	_____	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Authorized Alien Status
	Phone Number	Email Address		
Schools:	Name of High School		City, State	Date of Graduation
	_____		_____	_____
	Name of Other Colleges		City, State	Completed Degree Name
	_____		_____	_____
	_____		_____	_____
	_____		_____	_____
EMS History:	_____			

EMT <i>*Required</i>	Name of School		City, State	Years Attended
	_____		_____	_____
	Has your licensure ever been disciplined or revoked, explain		Exam Pass Date	License Number
	_____		_____	_____
Paramedic	Have you ever been a student in any paramedic program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name of School		City, State	Years Attended
	_____		_____	_____
	Explain the 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 the sentence was imposed, in this state or any other state?			
	<input type="checkbox"/> Yes <input type="checkbox"/> 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Test Scores:

List your highest Accuplacer Next Generation scores for each test area. 250 is the minimum requirement:

Math: <input type="checkbox"/> QAS	
Reading	
Writing	

- Meets minimum requirement Must test again
- Meets minimum requirement Must test again
- Meets minimum requirement Must test again

Acknowledgments:

*By signing below, I acknowledge that I have read, understand, and been offered a copy of the Notice of Entrance Requirements for the EMS Education Programs. 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 **April 1, 2025**.*

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

I have been offered the Notice of General Policies for the EMS Education Programs which includes information regarding Equal Opportunity at Mineral Area College and the American Disabilities Act.

Additionally, I have also been offered 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

Signed applications can be submitted to the Office of EMS Education Programs, Room C3, or sent via email to danderson@mineralarea.edu.

Use a printer scanner or phone scanner app to create PDF files; picture formats are not accepted.

FOR OFFICE USE ONLY

Date received: ____/____/____ Staff Initials: _____