

**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:**

\_\_\_\_\_  
Phone Number      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

**Paramedic**

Have you ever been a student in any paramedic program? ☐ Yes ☐ 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?

☐ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 **March 16, 2026**.

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 Allied Health Office, Office Suite 1314, or sent via email to [jharper@mineralarea.edu](mailto:jharper@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: \_\_\_\_\_