



MINERAL AREA COLLEGE

**PARAMEDIC PROGRAM APPLICATION  
EMS EDUCATION PROGRAMS  
2026-2027**

**SELECT THE PROGRAM YOU ARE APPLYING TO:**

Associate of Applied Science in Paramedic Technology  
 Paramedic Program Certificate

**Credentials:**

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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	

<input type="checkbox"/> Meets minimum requirement	<input type="checkbox"/> Must test again
<input type="checkbox"/> Meets minimum requirement	<input type="checkbox"/> Must test again
<input type="checkbox"/> Meets minimum requirement	<input type="checkbox"/> 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: \_\_\_\_\_