

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 County 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: ☐ 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 08, 2027**.

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 1322, or sent via email to
rpinkley@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: _____