



EMS RN to PARAMEDIC PROGRAM APPLICATION

INCLUDES:

- ✓ Application
- ✓ Personal Health History
- ✓ Health Certificate Form
- ✓ Work Reference Form

AFTER SUBMITTING YOUR APPLICATION

Your application will be placed on file. Crowder EMS personnel will contact you for further information if necessary.

NON-DISCRIMINATION POLICY: Crowder College is an equal opportunity/ affirmative action/ educational/ employment institution, and is nondiscriminatory relative to race, religion, color, national origin, sex, age, and qualified disability. Crowder College is committed to providing educational opportunities to all qualified students regardless of their economic or social status and will not discriminate on the basis of handicaps, race, color, sex, creed, or national origin.

The Vice President of Student Affairs, Farber Building, and Human Resources Director, Newton Hall, coordinate efforts to comply with the provisions of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973.

To apply, submit the following with application:

- All College transcripts to Records Department
- Current BLS HCP Card
- Proof of current RN Licensure
- Copy of Driver's License
- Hepatitis B Record or Waiver
- Current TB Test
- Immunization Record

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www.crowder.edu/academics/departments/allied-Health/paramedic/rn-paramedic-eight-week-program/

*"BUILDING A CIVIL, SERVING, LITERATE, LEARNING
COMMUNITY OF RESPONSIBLE CITIZENS"*

PROGRAM INFORMATION

Program Cost:

\$990 In-District

\$1593 Out-of-District flat rate

*Price is subject to increase. Tuition does not include associated costs.

Other fees:

Crowder application fee - \$25

Textbooks - \$350.00

Drug screen - \$20

Background check - \$53

Lab (course) fee - \$50

Safety & Security fee- \$63

Graduation fee - \$35 (if applicable)

Institutional support fee - \$207

Liability insurance - \$13

Flex fee - \$90

Uniforms comprise:

+ Black slacks (no jeans) – Propper brand is \$42.95; 511 brand is \$59.99

+ Blue uniform shirt

+ Black belt

+ Black shoes (tennis shoes or dress shoes may not be substituted for EMS footwear)

+ Stethoscope and shears

**Some clinical sites may require a special uniform, such as operating room will require scrubs. The EMS Director must approve any uniform change.*

The purchase of items such as uniforms, housing, fuel, transportation, patches, stethoscopes, shears, and other personal equipment and accessories is the financial responsibility of the student.



In order to achieve the paramedic technical standards, students must be able to perform the following tasks:

- Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards.
- Walk, stand, lift, carry, and balance in excess of 150 pounds without assistance, (250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.
- Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- Climb stairs, hillsides, and ladders to gain access to a patient.
- Communicate verbally in person, via telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.
- Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- Work effectively in low light, confined spaces, extreme environmental conditions and other dangerous environments while remaining calm.
- Locate the scene of an emergency by reading maps and responding safely and quickly to the location as directed by the dispatcher while observing traffic ordinances.
- Perform fine motor movements while in stressful situations and under threatening time constraints.
- Perform major motor movements as required to operate the ambulance stretcher, and equipment.

STUDENT ELIGIBILITY

To be eligible for the RN to Paramedic program, you need to meet the following minimum requirements:

- Submit a complete program application and all supporting documents
- **Two or more years of Emergency/Critical Care (ICU, CVICU, CCU, etc.) experience OR;**
- **One year of emergency and one year of critical care experience OR;**
- **One year of RN experience (ER/Critical Care) with a current EMT license and one year of pre-hospital experience OR;**
- **One year of RN experience with current CFRN, CCRN, CEN or CTRN certification that is within good standing, and is actively working in emergency/critical care OR;**
- **AHA BLS and ACLS Provider within good standing, and Registered Nurse (RN) license must be in good standing with 1000 hours of RN work experience in the last 2 years.**

- Have a current American Heart Association Basic Life Support for Healthcare Providers (CPR) card that is current. (CPR certification must be maintained current throughout the paramedic training).
- Have a valid state driver's license
- Show verification of TB skin test and negative reading
- Hepatitis B: Proof of 1st inoculation of series prior to start of class; or if series is complete, proof of all inoculation dates; or proof of Titer date and results.
- Show a positive appearance, motivation and attitude (in the clinical and field internship segments, the student will be working closely with patients, nurses, physicians and paramedics and must maintain a high degree of professionalism).
- Be adaptable to stressful situations



RN to PARAMEDIC BRIDGE Program Application

Student: _____

Date: | |

Mailing Address:

Street City State

Country Zip

Home Phone: | | Work Phone: | | Cell/Other: | |

Social Security Number: (last four) _____

Email Address: _____

Emergency Contact

Name Relationship Phone

RN Education _____

Address: _____

College/Other _____ Degree/Certification Completed: _____

Date: _____

Health/Medical Certifications: _____

Please describe any previous health/medical work experience: _____

Employer: _____

Phone: _____

Have you ever applied or been enrolled in a Paramedic Program? _____ If yes, when and for what reason(s) was your enrollment terminated? _____

• Why do you want to become a Paramedic? _____

• How did you hear about the Crowder College Paramedic Program? _____

• What are your plans after graduation from the Paramedic Program? _____

PERSONAL HEALTH HISTORY

To be completed by applicant.

Name (Please Print):

Do you have a history of (please circle):



Heart disease

Hypertension

Tuberculosis

Diabetes

Epilepsy

Physical Disabilities

Migraine

Frequent Headaches

Emotional/Nervous disorder

Arthritis

Seizures

If you checked any of the above, please explain: _____

Have you ever been treated for a back ailment or injury? Yes No

If you marked yes, please explain:

Are you currently taking any medications? Yes No

If yes, please list the medications you are currently taking:

For office use only

- | | | |
|--|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> BLS HCP Card | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Personal Health History | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Influenza Vaccine |
| <input type="checkbox"/> Health Certificate Form | <input type="checkbox"/> RN Licensure | <input type="checkbox"/> TB test results |
| <input type="checkbox"/> Work References (3) | <input type="checkbox"/> College or Military Transcripts | |

Date Completed: _____ CC Program Approval: _____ Acceptance Letter Sent: _____

EMERGENCY SERVICES SECTION 190.165

In compliance with the Missouri Revised Statutes, Chapter 190 of the Emergency Services Section 190.165, each applicant will be required to answer the following questions and others at the time of application to take the licensure examination:

- Have you ever been finally adjudicated and found guilty, or entered a plea of nolo contendere in a criminal prosecution under the laws of any state or of the United States, whether or not you received a suspended imposition of sentence for any criminal offense? _____
- Have any administrative licensure actions ever been taken against your EMT license in Missouri or any other state? _____

IF ANY OF THESE QUESTIONS ARE ANSWERED YES, THE MISSOURI BUREAU OF EMS WILL RULE WHETHER OR NOT THE APPLICANT MAY RECEIVE A LICENSE AFTER COMPLETION OF THE PARAMEDIC PROGRAM.

I have given true, accurate and complete information on this application to the best of my knowledge. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student.

✓ **Student Signature :** _____

Date: _____

Do not print



NOTICE: Please indicate by signing below, that you have read and understand the following statement:

"A national background report prior to student clinical practice is required by the Crowder College EMS program."

Have you ever been convicted of a felony? Yes No

If Yes is checked, please explain: _____

- ✓ Yes, I have read and understand the program information and statement above. The information I have given in this application is correct, to the best of my knowledge.

Signature: _____

Date: _____



CROWDER COLLEGE

Paramedic Health Certificate Form



Student's Name (Print) _____ Date: _____

*** TO BE COMPLETED BY A PHYSICIAN, PA or RNP ***

ALL AREAS MUST BE COMPLETED BEFORE FINAL ACCEPTANCE INTO THE PROGRAM

Temperature: _____ Pulse: _____ Blood Pressure: _____ Respiration: _____

Height: _____ ft. _____ in.

Weight: _____ lbs.

Vision: Right _____ Left _____

Corrected: Right _____ Left _____

Hearing: Right _____ Left _____

Heart: _____ Lungs: _____

Abdomen: _____ Hernia: _____

Skin: _____

Lifting Restrictions, if any: _____

Tuberculosis Skin Test: _____

Results

Signature

Date

***Attach copies or other documentation for:

- Hepatitis B Vaccine record
- Measles, Mumps & Rubella
- Varicella
- Tetanus
- Influenza

PHYSICIAN'S REMARKS AND RECOMMENDATIONS

✓ Is this individual in suitable health, physically and emotionally, for EMS training? Yes No

✓ Is this individual capable of performing the paramedic technical standards (page 2)? Yes No



Comments/Recommendations:

Physician Name (print): _____

Phone #: _____

Physician Signature: _____

Date: _____

Address:

Street

City

State

Zip

EMPLOYMENT

Please list most current employer first.

Current Employer

Address

Phone

Position Held

Dates of Employment

Reason for Leaving

Employer

Address

Phone

Position Held

Dates of Employment

Reason for Leaving

Current Employer

Address

Phone

Position Held

Dates of Employment

Reason for Leaving

REFERENCES

STUDENT WORK REFERENCE

This form is to be filled out by a current or previous supervisor or co-worker

Student Name: _____

Date: _____

The above student has applied for admission to the **CROWDER COLLEGE RN to PARAMEDIC BRIDGE PROGRAM** and has submitted your name as a reference. Please provide your candid opinions as to the applicant's suitability to perform the duties of a Paramedic in order for this applicant to be considered for the program.

* How long have you known the applicant?

* In what relationship have you known the applicant? Supervisor Co-worker

* Did the person have any problems in attendance? Yes No
If yes, please explain.

* Did the person have any problems with tardiness? Yes No

* What positive qualities or characteristics does the applicant possess that would contribute to his/her ability to succeed in the medical field?

* Does the applicant have any characteristics that might tend to interfere with his/her ability to succeed? Yes No

Please Explain.

Your Printed Name:

Signature:

Title:

Company:

Phone:

Address:

~ ALL INFORMATION WILL BE KEPT CONFIDENTIAL ~

