



**CROWDER  
COLLEGE**



## EMS PARAMEDIC PROGRAM APPLICATION

### INCLUDES:

- ✓ Student Application
- ✓ Personal Health History
- ✓ Physical Examination Form
- ✓ Student's Work References (3)

From persons who have known you at least one year and have knowledge of your work record and ethic. Do not list relatives or close friends

**CROWDER.EDU**

**[kristinspencer@crowder.edu](mailto:kristinspencer@crowder.edu)**

**KRISTIN SPENCER**

**EMT/Paramedic Program Director**

**417-455-5505**

**[www.crowder.edu/academics/departments/allied-Health/paramedic/](http://www.crowder.edu/academics/departments/allied-Health/paramedic/)**

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

### Include Copies of the Following:

- High School Diploma/GED or equivalent
- College transcripts
- Current BLS HCP Card
- NREMT Certification
- State EMT License (or country of origin equivalent)
- Driver's License
- Hepatitis B Record or Waiver
- Current TB Test
- Shot Record

### AFTER YOU SUBMIT YOUR APPLICATION

**TRADITIONAL PARAMEDIC STUDENTS (ON GROUND COURSE):** Once you submit your application to the paramedic program, it will be placed on file. You will be contacted by Crowder EMS personnel to schedule a date and time for your interview with the advisory committee. Most often, these interviews are conducted in July.

# PROGRAM INFORMATION

## Program Cost:

Please visit <https://www.crowder.edu/financial-aid/tuition-residency/> for the latest tuition and fees.

\*Price is subject to increase. Tuition does not include program-related fees.

## Other fees:

Crowder application fee - \$25

Textbooks - \$750

Drug screen - \$20

Background check - \$53

Lab fee - \$130 (1) \$145 (2)

FISDAP/SIM fees - \$130

Safety & Security fee- \$210

Graduation fee - \$35

Institutional support fee - \$756

Liability insurance - \$13

Online fee (1) - \$525

Flex fee (2) - \$273

Int'l health/liability fee - \$512

\*Prices subject to change.

## Uniforms consist of:

- Black slacks (no jeans) – Propper brand is \$42.95; 511 brand is \$59.99
- Blue uniform shirt (not pullover or polo type) - \$26.50
- Black belt
- Black shoes (tennis shoes or dress shoes may not be substituted for EMS footwear)
- School patch (sewn on right shoulder) - \$1.95
- Stethoscope and shears optional

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

## In order to achieve the paramedic technical standards, a student must be able to perform the job analysis 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.

## HOW TO PREPARE FOR INTERVIEW

- You will be asked to perform one basic-level psychomotor skill from the NREMT skill sheets. These sheets can be located at: [https://www.nremt.org/nremt/about/psychomotor\\_exam\\_emt.asp](https://www.nremt.org/nremt/about/psychomotor_exam_emt.asp)
- You will be asked a series of questions.
- You will be asked to submit a writing sample that will require you to discuss a common medical scenario.

# PARAMEDIC PROGRAM

## Student Application



Please circle one: Traditional course or Hybrid course



Student: \_\_\_\_\_

Date: | |

Mailing Address: \_\_\_\_\_  
Street City State Country Zip

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

Social Security Number: | | Email address: \_\_\_\_\_

Emergency contact \_\_\_\_\_  
Name Relationship Phone

Circle Highest Level of Education: HS/GED College 1 2 3 4

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College/Other \_\_\_\_\_ Address: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

EMT education \_\_\_\_\_ Address: \_\_\_\_\_

I have taken the following health/medical classes: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

I currently hold the following health/medical certifications: \_\_\_\_\_

Please describe any previous health/medical work experience: \_\_\_\_\_

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

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: \_\_\_\_\_

# PERSONAL HEALTH HISTORY

*To be completed by applicant.*

Name (Please Print):

Shirt Size:

Do you have a history of:



- |  |   |
|--|---|
| <input type="checkbox"/> Heart disease         | <input type="checkbox"/> Migraine                   |
| <input type="checkbox"/> Hypertension          | <input type="checkbox"/> Frequent Headaches         |
| <input type="checkbox"/> Tuberculosis          | <input type="checkbox"/> Emotional/Nervous disorder |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Arthritis                  |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Seizures                   |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Learning Disabilities      |

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:

\*\*\*\*\*

## 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 (do not print):

Date:



# STUDENT ELIGIBILITY

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

- Be currently licensed as an EMT in the state of Missouri (traditional), or EMT licensed from country of origin and able to obtain Missouri EMT licensure upon arrival (hybrid).
- Must be at least 18 years of age
- 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
- Have a high school diploma or GED
- Submit a complete program application and all supporting documents
- 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).
- Successfully complete an interview with the advisory board on the date and time provided
- Submit a writing sample on a specific topic predetermined by the program director (writing sample will be completed as you are waiting for interview with the advisory committee)
- 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.
- Be able to read minimal on college level
- Be able to adapt to stressful situations

## REFERENCES

Please attach three (3) letters of reference from persons who have known you at least one year and have knowledge of your work record and responsibility. Do not list relatives or close friends.

Name	Address	Phone	Occupation
------	---------	-------	------------

Name	Address	Phone	Occupation
------	---------	-------	------------

Name	Address	Phone	Occupation
------	---------	-------	------------

## WAIVER

Personal references are given with assurance of confidentiality. For this reason, we are requesting the following waiver agreement be signed. This is necessary in order to comply with Federal Law PL93-380, regarding statements of recommendation submitted by references on your behalf:

I, \_\_\_\_\_, hereby waive my right to see the personal/professional letters of recommendation from the individuals I have listed as references on my application for admission into the Crowder College Paramedic Program and give my sole permission for the selection committee to have full access to this confidential information during the admission process.

-----  
Signature (Do Not Print)

-----  
Date



# EMPLOYMENT



Please list most current employer first.

Position Held	Dates of Employment	Reason for Leaving
Current Employer		
Address		
Phone		
Employer		
Address		
Phone		
Employer		
Address		
Phone		
May we contact any or all of your past/current employers for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## PERSONAL DATA

- 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?
- List any awards, honors, citations or positions held in school or community organizations, athletic endeavors, continuing education and any other special recognitions you have received during the past five (5) years:

**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 disabled. 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.



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# CROWDER COLLEGE

## Paramedic Physical Examination Form



Student's Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* TO BE COMPLETED BY A PHYSICIAN. 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



***For office use only***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Student Application                        | <input type="checkbox"/> BLS HCP Card                          | <input type="checkbox"/> Driver's License  |
| <input type="checkbox"/> Personal Health History                    | <input type="checkbox"/> EMT Certification                     | <input type="checkbox"/> Shot Record       |
| <input type="checkbox"/> Physical Examination Form                  | <input type="checkbox"/> State EMT License                     | <input type="checkbox"/> Influenza Vaccine |
| <input type="checkbox"/> Student's Work Reference (3)               | <input type="checkbox"/> High School Diploma/GED or equivalent |  |
| <input type="checkbox"/> College or Military Transcripts (optional) |  |  |

Date Completed: \_\_\_\_\_

CC Program Approval: \_\_\_\_\_

Acceptance Letter Sent: \_\_\_\_\_



# 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 PARAMEDIC 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

***Thank you for your assistance.***



Please use the back of this form to make any additional comments you may have.



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Postage

**Crowder College**  
***Paramedic Program***  
**601 Laclede Avenue**  
**Neosho, MO 64850**  
**USA**

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