



# APPLICATION **PARAMEDIC**



## PRIOR TO ENROLLMENT:

1. Apply to become a Crowder student online through Admissions
2. Submit to the Records Office:
  - Placement test (available at no charge through our Student Success Center)
  - High School Diploma/GED
  - Any and all college transcripts
3. Submit PARAMEDIC application packet (see below)

## APPLICATION PACKET INCLUDES:

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

## PLEASE ALSO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Current BLS HCP Card
- Driver's License
- Hepatitis B Record or Waiver
- Current TB Test
- Immunization Record
- NREMT Certification
- State EMT License (or country of origin equivalent)

*Once you submit your application to the EMS program, it will be placed on file. You will be contacted by Crowder EMS personnel to review your application.*



## PROGRAM COST:

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

*\*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.*

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<https://www.crowder.edu/academics/departments/allied-health/paramedic/>

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



**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.

# PROGRAM INFORMATION

## PARAMEDIC TECHNICAL STANDARDS

A student must be able to perform the following 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.



## STUDENT ELIGIBILITY

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

- Must be at least 18 years of age
- 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).
- Have a current American Heart Association Basic Life Support for Healthcare Providers (CPR) card. (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
- Submit a writing sample on a specific topic pre-determined by the program director
- 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 EMS personnel and must maintain a high degree of professionalism).
- 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 adapt to stressful situations
- Be able to read minimal on college level





# PARAMEDIC PROGRAM

## Student Application



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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle course type preference:

**Traditional**

**Hybrid**

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

Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell/Other: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_ Email address: \_\_\_\_\_

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

Education: High School/GED: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

College/Tech School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

Health/Medical Certifications: \_\_\_\_\_

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 an Paramedic Program? ☐ Yes ☐ No

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):

Do you have a history of:



- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> Heart disease | <input type="radio"/> Migraine                   |
| <input type="radio"/> Hypertension  | <input type="radio"/> Frequent Headaches         |
| <input type="radio"/> Tuberculosis  | <input type="radio"/> Emotional/Nervous disorder |
| <input type="radio"/> Diabetes      | <input type="radio"/> Arthritis                  |
| <input type="radio"/> Epilepsy      | <input type="radio"/> 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:

## 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:**

# EMPLOYMENT



*Please list most current employer first*

*Current Employer*

*Address*

*Phone*

*Position Held*

*Dates of Employment*

*Employer*

*Address*

*Phone*

*Position Held*

*Dates of Employment*

*Reason for leaving*

*Employer*

*Address*

*Phone*

*Position Held*

*Dates of Employment*

*Reason for leaving*

*May we contact any or all of your past/current employers for references?*

☐

Yes

☐

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:





## 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. List Individuals who have known you at least one year and have knowledge of your work record and ethic.

1.	<hr/>		
	Name	Address	Phone
	<hr/>		
	Occupation	<hr/>	
2.	<hr/>		
	Name	Address	Phone
	<hr/>		
	Occupation	<hr/>	
3.	<hr/>		
	Name	Address	Phone
	<hr/>		
	Occupation	<hr/>	

### 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 EMT 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*



**CROWDER  
COLLEGE**  
ALLIED HEALTH PROGRAMS

# **PARAMEDIC Physical Examination Form**

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

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

**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:

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="radio"/> Hepatitis B Vaccine record | <input type="radio"/> Measles, Mumps & Rubella | <input type="radio"/> Varicella |
| <input type="radio"/> Tetanus                    | <input type="radio"/> 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? (see back) Yes ☐ No ☐

**Comments/Recommendations:**

Physician Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_



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# **STUDENT WORK REFERENCE**

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

Your Printed Name:

Title:

Phone:

Signature:

Company:

Address:

*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.*

*1. How long have you known the applicant?*

*2. In what relationship have you known the applicant?*

☐

Supervisor

☐

Co-worker

*3. Did the person have any problems in attendance?*

☐

Yes

☐

No

*If yes, please explain.*

*4. Did the person have any problems with tardiness?*

☐

Yes

☐

No

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

*6. Does the applicant have any characteristics that might tend to interfere with his/her ability to succeed?*

☐

Yes

☐

No

*Please Explain.*

**~ ALL INFORMATION WILL BE KEPT CONFIDENTIAL ~**

***Your assistance is appreciated!***

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

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**Crowder College  
EMS PROGRAM  
601 Laclede Avenue  
Neosho, MO 64850  
USA**

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☐

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*1. How long have you known the applicant?*

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☐

*Supervisor*

☐

*Co-worker*

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☐

*Yes*

☐

*No*

*If yes, please explain.*

*4. Did the person have any problems with tardiness?*

☐

*Yes*

☐

*No*

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*6. Does the applicant have any characteristics that might tend to interfere with his/her ability to succeed?*

☐

*Yes*

☐

*No*

*Please Explain.*

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