

APPLICATION

ADVANCED EMERGENCY MEDICAL TECHNICIAN

PRIOR TO ENROLLMENT:

1. Apply to become a Crowder student online through Admissions
2. Submit to the Records Office:
 - Placement test If you have not taken a placement test (available at no charge through our Student Success Center)
 - High School Diploma/GED
 - Any college transcripts
3. Submit AEMT application packet (see below)
4. Sign and include MoVECH criminal background check waiver statement

APPLICATION PACKET INCLUDES:

- Student Application
- Personal Health History Form
- Physical Examination Form
- MoVech Waiver Statement 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
- Shot Record

Once you submit your application to the AEMT 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.

**Tuition does not include textbooks, uniform, and program-related fees*

KRISTIN SPENCER MS, NRP

EMS Education Program Director
417-455-5505 | KristinSpencer@crowder.edu

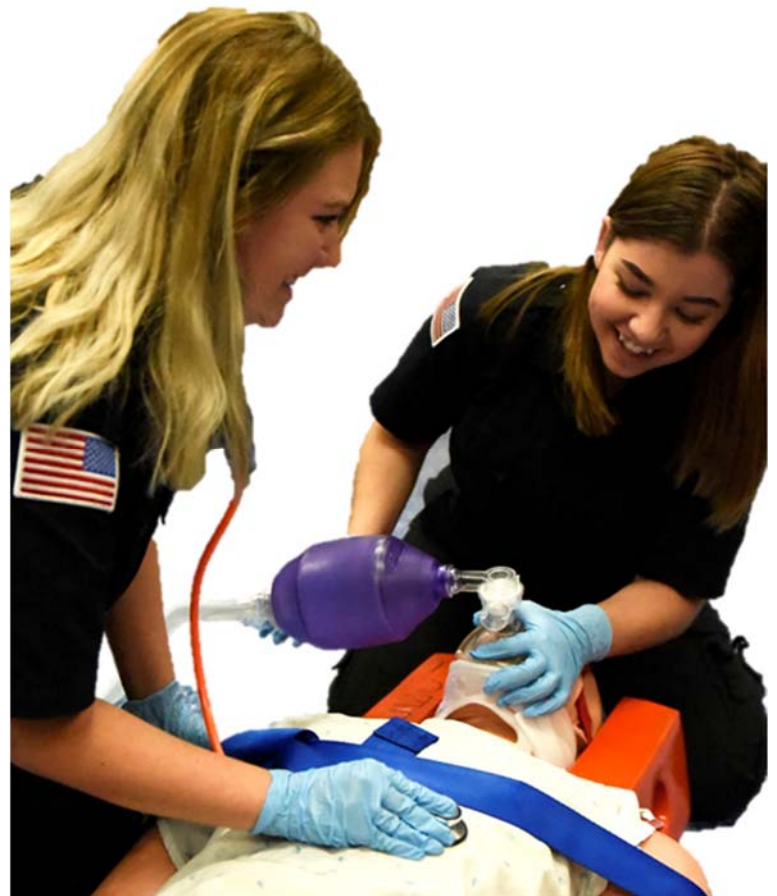
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*BUILDING A CIVIL, SERVING, LITERATE, LEARNING
COMMUNITY OF RESPONSIBLE CITIZENS*



PROGRAM INFORMATION

AEMT 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 AEMT program, you need to meet the following minimum requirements:

- Must be at least 18 years of age (or 18 by course completion)
- 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 EMT training).
- Have a valid state driver's license
- Have a high school diploma or GED
- Wonderlic placement score (WBST-V) 265 or higher, or an ACT score of 18 or higher.
- 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 EMS personnel and must maintain a high degree of professionalism).
- Take and pass a criminal background check. Drug offenses that include felony convictions, including but not limited to the possession and/or intent to distribute scheduled drugs, and a pattern of convictions in excess of four (4) regardless of offense disqualifies any candidate from the program.
- 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



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?

If you marked yes, please explain:

Yes No

Are you currently taking any medications?

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

Yes No

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 an AEMT?

How did you hear about the Crowder College AEMT Program?

What are your plans after graduation from the AEMT 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. _____
Name Address Phone
Occupation

2. _____
Name Address Phone
Occupation

3. _____
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 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

AEMT Physical Examination

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:

- 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 AEMT 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:

Signature:

Title:

Company:

Phone:

Address:

Student Name: _____ Date: _____

The above student has applied for admission to the **CROWDER COLLEGE AEMT 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 an AEMT 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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Missouri State Highway Patrol
Criminal Justice Information Services Division

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*,
And the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize CROWDER COLLEGE
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) **No, I have not** been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____