



# APPLICATION EMERGENCY MEDI- CAL TECHNICIAN



## STUDENT ELIGIBILITY

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

- Must be at least 18 years of age (or 18 by course completion)
- Read at minimal college level
- Be able to adapt to stressful situations
- 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.

## APPLICATION PACKET INCLUDES:

- Student Application
- Employment Form
- Personal Health History Form
- Physical Examination Form
- Background check instructions
- MoVech Waiver Statement Form
- Student Work References (3)

## 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.

## PRIOR TO ENROLLMENT:

1. Apply to become a Crowder student through Admissions (may apply online)
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 transcript
  - Any and all college transcripts
  - Driver's License or Photo ID
3. Submit EMT application packet
4. Register for MoVECH criminal background check online and have fingerprinting done

**KRISTIN SPENCER MS, NRP**

**EMS Education Program Director**

417-455-5505 | [KristinSpencer@crowder.edu](mailto:KristinSpencer@crowder.edu)

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

## INCLUDE THE FOLLOWING IN YOUR APPLICATION PACKET:

- Current American Heart Association Basic Life Support for Healthcare Providers (CPR) card. (CPR certification must be maintained current throughout the EMT training).
- Driver's License
- 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.
- Immunization Record
- Verification of TB skin test and negative reading
- A one-page hand-written essay detailing why you are advancing your education in EMS

**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.

# EMERGENCY MEDICAL TECHNICIAN Student Application

STUDENT NAME:

Date: / /

Preferred location. Please choose all that apply:

Neosho Jane

Shirt Size:

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

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: \_\_\_\_\_ Degree/Certification completed: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Address: \_\_\_\_\_

Health/Medical Certifications:

Please describe any previous health/medical work experience:

Have you ever applied or been enrolled in an EMT 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  
program."*

*College EMS*

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

Name (Please Print):

Do you have a history of:

- |                       |                       |          |                       |                     |
|-----------------------|-----------------------|----------|-----------------------|---------------------|
| <input type="radio"/> | Heart disease         | Mi-      | <input type="radio"/> | graine              |
| <input type="radio"/> | Hypertension          | Fre-     | <input type="radio"/> | quent Headaches     |
| <input type="radio"/> | Tuberculosis          | Emotion- | <input type="radio"/> | al/Nervous disorder |
| Di-                   | <input type="radio"/> | abetes   | <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

Current Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer \_\_\_\_\_ Position Held \_\_\_\_\_ Ad-

dress \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Position Held \_\_\_\_\_ Ad-

dress \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## EMPLOYER/CROWDER EMS COMMUNICATIONS

While enrolled in the EMT program, do you plan on maintaining employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are accepted into the EMT program and are employed with an EMS or Fire agency, do you give permission to Crowder College EMS faculty to discuss your progress with your employer's Clinical Director/Manager or Chief of EMS as it relates to your cognitive, psychomotor, or affective domain?

Yes \_\_\_\_\_ No \_\_\_\_\_

## PERSONAL DATA

Why do you want to become an EMT?

How did you hear about the Crowder College EMT Program?

What are your plans after graduation from the EMT 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:

## ATTESTATION

*I attest that all the information on the application is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the Paramedic Program application will result in denial/removal from the paramedic program and is not subject to appeal.*

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMT Physical Examination 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 EMT technical standards? (see back) Yes No

Comments/Recommendations:

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

## EMT 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 or 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.
  - 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.
-

# WORK REFERENCE

From persons (make 3 copies) who have known you at least one year and have knowledge of your work record and responsibility. Do not list relatives or close friends.

**Mail to :**  
Crowder College EMS Program  
601 Laclede Ave  
Neosho, MO 64850

**Email to:**  
KristinSpencer@crowder.edu

**\*\*\*Applicant must sign Confidentiality Waiver at bottom of form\*\*\***

**Reference Printed Name:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Company** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above student has applied for admission to the **CROWDER COLLEGE EMT 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 EMT 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    Other
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

## CONFIDENTIALITY WAIVER—TO BE SIGNED BY APPLICANT

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.





# FINGERPRINTING MUST BE COMPLETED BEFORE ENROLLMENT

## Criminal Background Screen requirement for EMT 101 students:

**Complete and sign the MoVECHS Waiver Agreement and Statement.** Be sure to disclose ALL OCCURANCES on your Waiver Statement, as records that are expunged DO appear on your criminal history. **INCLUDE/RETURN WITH APPLICATION.**

**Register, then complete** a MoVECHS Criminal Background Screening and Fingerprinting through the MACHS website by following the directions below.

### To schedule the background screening:

Go online to [www.machs.mo.gov](http://www.machs.mo.gov) and select **Register with the Fingerprint Portal:**

The **4 digit number** that you will need to provide on the next screen is **5632.**

**Fill in your contact and personal information,** and click **Register.**

**Fees:** Personal Identifier Search **\$13.00**; Missouri Fingerprint Based Search **\$20.00**; FBI **\$12.00**; 3M/Cogent fingerprint service fee **\$8.30.**

**Print a copy of your receipt to take with you to get your fingerprinting done. You will need the TCN#**

\*\*\*When registering on the website, options for locations to have fingerprinting done will be given. Locations offered include:

Joplin	Atlas Risk Management, LLC	407 S. Pennsylvania Ave.
Monett	Monett Chamber of Commerce	200 E. Broadway
Springfield	The UPS Store 2605	1325 W. Sunshine
Springfield	The UPS Store 2459	334 E. Kearney
Pineville	Pineville City Hall	503 Main Street

Upon completion of the fingerprint appointment, 3M Cogent will transmit your fingerprint background check request to the Missouri State Highway Patrol for processing through the state and FBI.

***FINGERPRINT CARDS FROM THE POLICE, SHERIFF OR HIGHWAY PATROL DEPARTMENT ARE NOT ACCEPTED.***



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*

I 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: \_\_\_\_\_