



CROWDER COLLEGE APPLICATION



STUDENT ELIGIBILITY

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

- Read at minimal college level
- Be adaptable 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)
- 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.

and ONE of the following:

- 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

APPLICATION PACKET INCLUDES:

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

PRIOR TO ENROLLMENT:

1. Apply to become a Crowder student through Admissions (may apply online)
2. Submit to the Records Office:
 - High School Diploma/GED transcript
 - Any and all college transcripts
 - Driver's License or Photo ID
3. Submit completed RN to PARAMEDIC application packet



INCLUDE THE FOLLOWING IN YOUR APPLICATION PACKET:

- State EMT License (or country of origin equivalent)
- Current American Heart Association Basic Life Support for Healthcare Providers (CPR) card. (CPR certification must be maintained current throughout the PARAMEDIC 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
- Proof of RN Licensure not currently subject to disciplinary action

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BUILDING A CIVIL, SERVING, LITERATE, LEARNING

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.

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.

RN to PARAMEDIC BRIDGE PROGRAM

Student Application

Student Name: _____

Date: / /

Shirt Size: _____

Mailing Address: _____
City State Country Zip

Street

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: _____

RN Education: _____ Graduation Date: _____
Address: _____

College/Tech School: _____ Degree/Certification Completed: _____
Date: _____ Address: _____

Health/Medical Certifications:

Please describe any previous health/medical work experience:

Have you ever applied or been enrolled in an Paramedic Program? Yes No

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

Current Employer _____ Position Held _____

Address _____ Phone _____

Dates of Employment _____

Employer _____ Position Held _____

Address _____ Phone _____

Dates of Employment _____ Reason for leaving _____

Employer _____ Position Held _____

Address _____ Phone _____

Dates of Employment _____ Reason for leaving _____

May we contact any or all of your past/current employers for references? Yes No

EMPLOYER/CROWDER EMS COMMUNICATIONS

While enrolled in the paramedic program, do you plan on maintaining employment? Yes No

If you are accepted into the paramedic 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 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:

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 _____

RN to PARAMEDIC

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? (see back)

Yes

No

Comments/Recommendations:

Physician Name (print): _____ Phone #: _____

Physician Signature: _____ Date: _____

Address: _____

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 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.
- Work effectively as a team member with other public safety officials.
- Communicate verbally in person, telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.
- Perform patient assessments, implement treatment, and calculate medication administration under 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 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 include relatives or close friends.

Mail to :

Crowder College Paramedic Program
601 Laclede Ave
Neosho, MO 64850

Email to:

KristinSpencer@crowder.edu or
KyleRitter@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 RN to PARAMEDIC BRIDGE PROGRAM** and has submitted your name as a reference. Please provide your candid opinion 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 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.

Signature (Do Not Print)

Date

