



CROWDER COLLEGE

APPLICATION

PARAMEDIC



STUDENT ELIGIBILITY

To be eligible for the 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)

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:
 - 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



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
- A one-page hand-written essay detailing why you are advancing your education in EMS

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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.

PARAMEDIC PROGRAM

Student Application

Student Name: _____

Date: / /

Please circle course type preference:

Traditional

Hybrid

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: _____

Date: _____ Address: _____

Health/Medical Certifications:

Please describe any previous health/medical work experience:

Have you ever applied or been enrolled in a 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

Current Employer _____

Position Held _____

Address _____

Phone _____

Dates of Employment _____

Employer _____

Position Held _____

Address _____

Phone _____

Dates of Employment _____

Employer _____

Position Held _____

Address _____

Phone _____

Dates of Employment _____

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 _____

PARAMEDIC 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

Influenza

Varicella

Tetanus

Covid

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: _____

PLEASE TAKE TO PHYSICIAN WITH PHYSICAL EXAMINATION FORM

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.
 - 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.
-

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:
emseducation@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 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 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

Please Explain.

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 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



CROWDER COLLEGE EMS EDUCATION

INSTRUCTIONS ON FILLING OUT CLINICAL INFORMATION SHEET (SEE NEXT PAGE)

1. **Hospital Name:** This is required information because you will be engaging in clinical rotations within the hospital of your choice, subject to approval from appropriate personnel. There must be a contractual agreement in place with the respective hospital **before** you begin your clinical rotations. You need to find out who the appropriate contact is at the hospital so Crowder personnel can facilitate the establishment of a cooperative agreement (contract). Please include the point-of-contact's (POC) name, phone number and e-mail address. If you fail to provide the correct POC, *you* will be responsible for updating that information to Crowder.
2. **EMS Agency:** This is required information because you will be engaging in clinical rotations with an EMS agency of your choice, subject to approval from appropriate personnel. The chosen service must be an Advanced Life Support (ALS) transporting ambulance with a minimum of one licensed paramedic on the truck at all times. You need to find out who the appropriate contact is at the EMS agency so Crowder personnel can facilitate the establishment of a cooperative agreement (contract). Please include the point-of-contact's (POC) name, phone number and e-mail address. If you fail to provide the correct POC, *you* will be responsible for updating that information to Crowder.
3. **Medical Director:** This is required because you **must** be practicing under the supervision of a physician that has adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care. Usually, the physician is the medical director for the EMS agency you are using for prehospital clinicals OR a physician affiliated with an emergency department (ED). **It is expected you will discuss your request with the physician** before he/she is contacted by Crowder personnel.
4. **Bureau of EMS in Your State:** There are some states that do not allow out-of-state students. Even though you are a resident of the state where you are engaging in clinicals, you are considered an out-of-state student because you are a Crowder College paramedic student based out of Missouri. **This should be your FIRST phone call, as numbers 1, 2, and 3 above are moot issues if your state does not allow out-of-state students.** Most states do allow out-of-state students, but may have specific requirements that must be met prior to the beginning of your clinicals. Please provide the appropriate POC, phone number and e-mail address for the Bureau of EMS in your state. If you fail to provide the correct POC, *you* will be responsible for updating that information to Crowder.

THE CLINICAL SITE INFORMATION SHEET MUST BE SUBMITTED BY THE END OF THE FIRST EIGHT WEEKS (EMTP 225). This will be an assignment during the first eight weeks with an assigned point value. If you do not turn this in by the end of the first eight weeks, you will receive a zero on the assignment. No late submissions accepted.

Clinical Site/Contract Information

Information will be disseminated to the director of EMS education for the use of making clinical contracts at sites not already found in the Crowder College contract list. This must be filled out in its entirety; if you need assistance filling out this form, please contact your instructor.

EMS service **MUST** be an Advanced Life Support (ALS) 911 transporting ambulance with a minimum of one licensed paramedic on the truck at all times.

Please complete all information.

Student Name: _____

Student Email: _____

Hospital Name: _____

City and State of Hospital Location: _____

*Hospital Person/Point of Contact (POC): _____

Hospital POC Telephone: _____

Hospital POC Email: _____

EMS Agency Name: _____

City and State of EMS Location: _____

*EMS Agency Person/Point of Contact (POC): _____

EMS POC Telephone: _____

EMS POC Email: _____

Name of Medical Director: _____

Medical Director Telephone: _____

Medical Director Email: _____

Bureau of EMS in your state: _____

Point of Contact Telephone: _____

Point of Contact Email: _____

*This individual needs to be someone that can make a clinical contract or have the connections necessary to facilitate a signature by appropriate personnel.

**This individual can be a medical director for the EMS service that you are riding with or a physician that has oversight within the hospital. We just need a medical director for the state.