



CROWDER COLLEGE EMS APPLICATION

STUDENT ELIGIBILITY

To be eligible for an EMS 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 and Personal Info Form
- Physical Examination Form
- Criminal Background Check Instructions
- Clinical Contract Instructions

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. Speak with Financial Aid regarding FAFSA and payment plans

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 EMS 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.
- Proof of current TB test (in last 6 months)
- Immunization Record (including Covid Vaccine status)
- If enrolling in AEMT or Paramedic, a copy of your State EMT License (or country of origin equivalent)

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

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

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.

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 EMS 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 EMS PROGRAM.

Student Signature (do not print):

Date:

EMPLOYER/CROWDER EMS COMMUNICATIONS

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

If you are accepted into the EMS 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 EMS Provider?

If you are an EMS Provider already, are you currently employed in EMS? **Yes** **No**

If yes, where: _____

How did you hear about the Crowder College EMS Programs?

What are your plans after graduation from the EMS Program?

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 EMS Program application will result in denial/removal from the EMS program and is not subject to appeal.

Signature _____ Date _____

EMS Student 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 EMS technical standards? (see back) Yes No

Comments/Recommendations:

Physician Name (print): _____ Phone #: _____

Physician Signature: _____ Date: _____

EMS STUDENTS 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.
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FINGERPRINTING MUST BE COMPLETED BEFORE ENROLLMENT

Criminal Background Screen requirement for EMS 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 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 listed.
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

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: _____



CROWDER COLLEGE EMS EDUCATION

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

(FOR STUDENTS WHO WILL NOT BE ATTENDING CLINICALS LOCALLY TO CROWDER COLLEGE)

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.

IF WE DO NOT HAVE CONTACTS IN PLACE PRIOR TO THE START OF CLINICALS, THEN YOU WILL NEED TO COME TO NEOSHO TO COMPLETE THEM.