EMERGENCY MEDICAL SERVICES

PARAMEDIC PROGRAM
APPLICATION PACKET

This application is NOT REQUIRED to enroll in the EMT-BASIC (EMS 150) course.

For information concerning enrollment in the EMT-BASIC (EMS150) course, please contact a counselor or advisor at any of the Metropolitan Community College Counseling Centers.

Incomplete packets will not be considered.
Dear Applicant:

Thank you for your interest in the Paramedic Program offered by the Metropolitan Community College. Attached, you will find the application packet required for admission to the program. Please complete the application and return it to the program at your earliest convenience. Applicants desiring to begin with the start of the fall semester should return the application no later than June 1st and applicants desiring to begin with the start of the spring semester should return the application no later than November 1st.

The application process consists of:

1. Completion of the enclosed application.
2. Submission of a copy of your college transcripts directly to the Paramedic Program. Applicants who have earned less than 30 college credit hours must also submit a copy of their high school transcript as well. Stating that transcripts are “on file” with the college is not acceptable for this application process. Student copies of transcripts are acceptable for submission.
4. A candidate interview.

Prerequisites for admission to the Paramedic Program include:

1. General admission to the Metropolitan Community College.
2. Current licensure as an EMT or AEMT in the state of Missouri. Applicants who hold NREMT certification, out-of-state licensure, or are in the process of completing an approved EMT course may be considered for provisional admission.
3. Successful completion of an anatomy & physiology course with a grade of “C” or better from an accredited collegiate institution.
4. An overall grade point average of 2.5 or greater. If the applicant has earned less than 30 collegiate credit hours, then the applicant should have an overall grade point average of 2.5 in all high school work as well.

Should you have any questions concerning the Paramedic Program or the application process, please feel free to contact the program at 816-604-4363 or Arthur.Brady@mcckc.edu.

Thank you again for considering our program for your emergency medical services educational needs.

Sincerely,

Arthur M. Brady, Jr.
Coordinator
Emergency Medical Services Program
AHA BLS / ACLS Training Center

Arthur.Brady@mcckc.edu
PERSONAL INFORMATION:

Name: ________________________________________ Date: ______________________

Address: _____________________________________________________________________

City: _________________________________ State: ____________ Zip: ___________

Telephone: __________________________ Email: ___________________________________

If current or past MCC student, what is your student ID number: ______________________

EDUCATIONAL BACKGROUND:

High School: ________________________________ Year Graduated: ________

EMT or AEMT School: ________________________________ Year Graduated: ________

College: ________________________________ Hours Completed: ________

Degree(s) Awarded: ____________________________ Year(s): ____________

Have you completed a college level anatomy & physiology course with a grade of “C” or better?

___ Yes  ___ No  ___ Currently Enrolled

• If yes, or currently enrolled, please indicate below the date and institution where you completed or are completing the course:

___________________________________________________________________________

(Must be verified by a transcript from an accredited collegiate institution.)
CURRENT EMS LICENSURE/CERTIFICATION:

Are you currently licensed or certified as an EMT or AEMT: ___Yes ___ No

- If yes, Missouri EMT or AEMT License Number: ____________________
  -or-
  National Registry EMT or AEMT Certification Number: _______________
  -or-
  Out-of-State EMT or AEMT License Number: _______________________
  -and-
  State which issued your license: ________________________________

- If no, are you currently attending an EMT or AEMT course: ___ Yes ___ No
  o Name of EMT or AEMT School: _________________________________

  o Anticipated date of graduation (month/year): ___________________

SIGNATURE: ____________________________________________________

SUBMISSION: Submit this application along with all transcripts, and a copy of your Missouri EMT or AEMT license, or Out-of-State EMT or AEMT license, or NREMT EMT or AEMT card, and three letters of recommendation from teachers, employers, or other professionals who are familiar with your academic or professional performance.

Please note: All transcripts must be directly submitted to the Paramedic Program for review with this application. Stating that transcripts are “on file” with the college is not acceptable for this application. Student copies of transcripts may be submitted.

Please mail your completed application packet to:

Emergency Medical Services Program
MCC - Penn Valley Health Science Institute
3444 Broadway Street
Kansas City, Missouri 64111-2412

Electronic submissions are permissible and may be submitted to:

Arthur.Brady@mcckc.edu
Applicant: Please complete Section I.
Evaluator: Please complete all other sections and return to:

Emergency Medical Services Program
MCC - Penn Valley Health Science Institute
3444 Broadway Street
Kansas City, Missouri 64111-2412

SECTION I
Applicant’s Name_____________________________________________________

Please check one:

___ I waive my right to review this recommendation form.

___ I reserve the right to review this form at a later date.

Applicant’s Signature ______________________________________________________

SECTION II
TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

Name: ________________________________________________________________

Title/Position: __________________________________________________________

Company/Institution: _____________________________________________________

SECTION III
Please assist the MCC Paramedic Program in trying to make an accurate determination of the prospective student’s qualifications as related to his/her professional objectives as well as academic and leadership potential.

Indicate in what capacity you have been associated with the applicant:

___ Employee

___ Professional

___ Academic
How long have you known the applicant?

___ 0-6 months
___ 6 months-1 year
___ Longer than 1 year
___ Longer than 5 years

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