



# Paramedic Application Packet

**If you have not completed your EMT certification, DO NOT use this application.  
You must be a certified EMT or above to use this application.**

Print the application, or save the application onto your computer, open and fill in the information. When the form is complete, email to [tsalazar2@coloradomesa.edu](mailto:tsalazar2@coloradomesa.edu) or turn in to the EMT Office, Student Wellness Center, Room 205.

**Starts In the Fall Semester**

Last Name

First Name

MI

Date

(please print legibly if hand writing)

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CMU Tech Student ID (700#)

Colorado Mesa University Tech  
2508 Blichmann Avenue  
Grand Junction, CO 81505



Paramedic Applicant Information

*PLEASE TYPE IN (OR PRINT LEGIBLY) ALL INFORMATION*

Full Name (Last, First, Middle):

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Mailing Address (Street Address):

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Best number to contact you?                      Home                      Cell

E-mail Address:

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CMU Tech E-Mail Address:

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(NOTE: You will receive a Colorado Mesa University email account upon acceptance to CMU Tech/CMU.  
Please use your official CMU Tech email address for all correspondence.)

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List any current EMS certifications you hold, and why you desire to become a Paramedic.

Explain any training and/or education you have received to prepare you for the Paramedic course.

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*Name of High School and Date Diploma received, or G.E.D information*

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Shirt Size: \_\_\_\_\_ Preference of: ☐ Male Style ☐ Female Style

Date of Birth: \_\_\_\_\_

**Other names used/ Maiden Name/ Aliases:** \_\_\_\_\_



### Personal References

1: Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

2: Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

3: Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

**In addition to these references above, you need to provide a letter of reference from your Medical Director and/or Supervisor if you are currently with a responding agency, paid or volunteer. If you have not been involved as a responder, a letter of reference from your EMT (or higher level) instructor and a current employer will be accepted.**

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### **Additional Question**

Is there anything in your background or experience that may negatively reflect on your application or ability to complete the program? Please explain.

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### **Disclaimer and Signature**

*I certify that the previous answers are true and complete. If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal from the CMU Tech/CMU EMS Program.*

Signature

Date

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## Paramedic Application Check List

### ADMISSION TO COLLEGE

1. ☐ CMU Tech Application for Admission at:  
<https://www.coloradomesa.edu/tech/admissions/> (Current CMU Tech or Colorado Mesa University (CMU) students, please disregard)
2. ☐ Submit official copy of High School Transcripts or G.E.D scores, and/or College Transcripts from previous colleges attended to: [admissionsprocessing@coloradomesa.edu](mailto:admissionsprocessing@coloradomesa.edu)
3. ☐ TEAS Test Results (For Degree Seeking Students)
4. ☐ Upon completion of your application and submission of your official transcripts, you will then receive a letter of acceptance into CMU Tech/CMU along with your student ID number (also know as a 700#)

### PRE-PARAMEDIC COURSE ADMITTANCE REQUIREMENTS:

1. ☐ Fill out the Paramedic Application and submit to:  

T. Troy Salazar  
Paramedic Instructor  
[tsalazar2@coloradomesa.edu](mailto:tsalazar2@coloradomesa.edu)

or

EMS Office 205  
Student Wellness Center  
1060 Orchard Ave  
Grand Junction, CO 81505
2. ☐ Participate in a Paramedic Student Interview (to be scheduled after application is received)

### PAPERWORK REQUIRED AFTER ADMITTANCE TO THE PARAMEDIC PROGRAM LETTER HAS BEEN RECEIVED:

1. ☐ Background Check (choose one option below based on state of residency)
  - a. The EMT, Advanced EMT, and Paramedic Programs require a background check which can be completed through [www.castlebranch.com](http://www.castlebranch.com) (Use Passcode – cm75)
  - b. **Colorado Bureau of Investigations – for Colorado residents:**  
<https://www.cbirecordscheck.com> Go to the website and select Internet Background Check. Then fill in all the information and get your document.  
**YOU MUST PRINT THIS OUT AND BRING IT IN TO THE EMS OFFICE! Fee is \$5.00**
2. ☐ Five (5) Panel drug screen. **Lab of your choice. Must be within 45 days of the first day of class.**
3. ☐ Submit a colored, enlarged copy of current, valid driver's license.

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4. ☐ Physical examination (Must be able to lift 50 lbs. Examination must not be more than three (3) months old)
5. ☐ Proof of the following immunizations:
  - Two Measles/Mumps/Rubella
  - Varicella
  - Tetanus (current within 10 years)
  - Hepatitis B (Series of three (3) immunizations)
  - Influenza (must be current year)
  - Current TB skin test. (Either a two-step TST within the past 12 months or proof of negative TST documented for 2 years. If the student has proof of a one-step within the past 12 months, a one-step TST should be done)
6. ☐ Copy of Current EMT State Certification (student from outside Colorado must provide NR EMT Certification and provide Colorado State certification as soon as it is obtained)
7. ☐ Copy of Current BLS CPR Card
8. ☐ Proof of successful completion of an EMT IV Certification course, and a Basic EKG course (attach a copy of certificate(s) of completion)
9. ☐ Submit proof of professional liability insurance. Students may apply for insurance through the National Professional Groups as a student. The website is [www.hpso.com](http://www.hpso.com). Should students choose to go through a different company, the policy must be comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of \$1,000,000 per occurrence/\$2,000,000 general total limit, and medical professional liability insurance with a minimum coverage limits of \$1,000,000 per claim/\$3,000,000 annual aggregate. Paramedic student must be listed.
10. ☐ Submit proof of personal health insurance.
11. ☐ Other documentation as requested.

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