COLORADO MESA UNIVERSITY TECH

Fire Science
Information & Application Packet

All applications must be received by the First Friday in March, and returned electronically to jwhite2@coloradomesa.edu

NAME: _____ 700: _____

Please Choose One:

☐Associate of Applied Science (2-year degree program)

☐Fire Academy (One Semester Only)

Please read the entire packet thoroughly for a clear understanding of the application process and expectations.

Associate of Applied Science (AAS) degree

Students wanting to complete the two-year Associate of Applied Science (AAS) degree should check the Associates box above as they will be on track to take their Fire Academy during the Fall semester of their second year.

The following items need to be returned as part of your application. Your application will not be considered complete until all items are sent together.

Associates of Applied Science students:

- Student Information Form
- Student Waiver of Liability Form
- OSHA Medical Reporting Form
- Background check https://www.cbirecordscheck.com/
- Driving Record 7 years CO driving record. https://mydmv.colorado.gov/_/#2
- (If you have not lived in Colorado for all the last seven years, a copy of your driving record from each state in which you previously resided is required)

2026 FALL ACADEMY:

The following items need to be returned as part of your application. Your application will not be considered complete until all items are sent together.

Fire Academy students

- Student Information Form
- Firefighter 1 Academy Medical Release Form
- Student Waiver of Liability Form
- Colorado Division of Fire Prevention & Control Release Agreement
- OSHA Medical Reporting Form
- Program Insurance Participation Policy Form
- CMU Tech Fire Academy Insurance Form
- Primary Health Insurance Information
  - Copy of insurance Card (front and back)
- Background check **https://www.cbirecordscheck.com/**
- Driving Record 7 years CO driving record. https://mydmv.colorado.gov/_/#2
- (If you have not lived in Colorado for all the last seven years, a copy of your driving record from each state in which you previously resided is required)

Fire Academy has 16 college credit hours and is 16 weeks in length (including state testing). The Academy's rigorous instruction includes lectures by seasoned firefighters, and hands-on practical experience at the state-of-the-art live burn facilities. The Academy student will experience operations such as house burns, car fires, forcible entry, ground fires, and many others. The Academy training satisfies the certification requirement to take the State Firefighter I exams.

Students who pass the Firefighter I portion of the Academy may take the State (CDFP&C) Firefighter I written and practical certification exams, including the live burn exam.

Students who pass the Hazardous Materials portion of the Academy may take the State (CDFP&C) Hazardous Materials Awareness and Operations written and practical certification exams.

- The Academy is held Monday through Thursday from 07:00 am to 4:00 pm for the full length of the Fall semester.
- There is a maximum enrollment of 20 students with priority going to students who have already enrolled and are on track for the associate's degree.
- Students should plan approximately 2 hours of study/practice time for each hour spent in class and on practical skills (roughly 36 hours of homework/study per week).
- The State of Colorado Division of Fire Prevention & Control (CDFP&C) certification testing dates (Firefighter I and Hazardous Materials Operations) will be announced at the Academy.
- CMU Tech Fire Academy Instructors teach the National Fire Protection Standard 1001 (NFPA), and all instructions are mandated according to this standard.

REQUIREMENTS:

- Applicants must be at least 18 years of age prior to the start of the Academy.
- Applicants must possess a high school diploma or GED prior to the start of the Academy.

PHYSICAL DEMANDS:

Firefighting is an extremely physically demanding profession. To participate in the Academy, students are expected to be physically fit and pass the Physical Ability Test. The test is administered at the start of the Academy. Information about the PAT is available at:

Physical Ability Test (PAT)
https://www.publicsafetytesting.com/information-center/test-requirements-firefighter-physical

PAT Suggested Work-Out Programs - Will be given by the Director when applying to the Academy

Students should not underestimate the physical demands of the academy. It is crucial that students have an exercise program prior to attending the academy and start increasing their endurance and aerobic conditioning several months prior to the start of the academy. Students are required to provide a signed Medical Release Form on the first day of the Academy. **Students will not be allowed to participate without this form.** CMU/CMU Tech students can complete this form at the CMU Student Health Clinic.

FIRST DAY OF ACADEMY:

On the first day of class at the Academy, students are expected to turn in copies of the following:

- Copy of Driver's License or a government issued photo ID card
- Copy of FEMA ICS 100, ICS 200, & ICS 700 certificates
- Copy of CPR card. The CPR card must be current at the time of entry in the Academy and remain valid through the end of the Academy.
- Copy of document showing proof of current health insurance
- Completed Student Information Form
- Completed Medical Release Form signed by physician.
- Completed CMU Tech Release of Liability Form
- Completed Colorado Division of Fire Prevention & Control (CDFP&C) Tech Release of Liability Form

BACKGROUND CHECK:

Associate's and Academy students need to complete the following background check. Associate's students may need to complete an additional background check prior to the start of their Academy semester.

https://www.cbirecordscheck.com/

DISQUALIFYING OFFENSES:

Any conviction of the following criminal offenses appearing on a criminal background check will disqualify an applicant for admission to our programs.

I. Any violent felony convictions of homicide

II. Crimes of violence (assault, sexual offense, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 7 years immediately preceding the submittal of application.

III. Any offense involving unlawful sexual behavior in the 7 years immediately preceding the submittal of application.

IV. Any offense of which the underlying basis has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application.

V. Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application.

VI. Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application.

VII. Any felony crimes of theft in the 7 years immediately preceding the submittal of application.

VIII. Any misdemeanor crimes of theft in the 5 years immediately preceding the submittal of application.

IX. Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application.

X. Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.) in the 7 years immediately preceding the submittal of application.

XI. Registered sex offenders (No time limit)

XII. More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application.

XIII. Any offense in another state, the elements which are substantially like the elements of any of the above offenses.

Approved CCCS 6/8/2007. Reviewed and Re-approved 4/12/2012. Reviewed and amended 6/15/2015.

MEDICAL INFORMATION:

This page is provided for reference purposes only and does not have to be completed by the student or medical provider. Medical conditions that *may* disqualify a person from participating in the academy include but are not limited to:

- All uncontrolled seizure disorders
- Allergic respiratory disorder
- Anemia
- Arthritis
- Asthma
- Chronic lung diseases
- Chronic sinusitis
- Congestive heart failure
- Diabetes mellitus
- Disorders producing orthostatic hypotension
- Documented predisposition to heat stress
- Emphysema
- Hemophilia, Von Willebrand's disease and other clotting/bleeding disorders
- Hernia
- Impaired immune system
- Labyrinthine or vestibular disorders with vertigo
- Malignant diseases not in remission
- Multiple sclerosis
- Muscular atrophies
- Myocardial insufficiency
- Neurological disorders with ataxia
- Peripheral vascular disease
- Pregnancy (after 1st trimester)
- Progressive muscular dystrophy
- Severe congenital deformities of the spine, trunk, or limbs
- Severe eczema or other dermatitis including dyshidrotic types
- Severe limitations of motion of joints

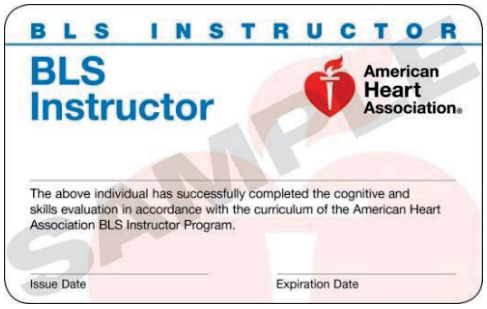
Additional Reference: NFPA 1582 – Medical requirements for fire fighter

ACCEPTABLE BCLS CARDS:

CPR certification must be current for the entire duration of the Academy semester. The following CPR cards are the only types that will be accepted. The exact card issued may look like one of the following examples or may vary depending on when it was issued. The decision of the CMU Tech clinical coordinator regarding whether a course meets the CMU Tech clinical requirements is final.

American Heart Association-

Healthcare Provider, BLS Provider, BLS Instructor, or BLS Training Center Faculty



COLORADO MESA UNIVERSITY TECH

Student Information Form

Student ID number: (number issued by CMU): 700#: _____

_____
Last First Middle

Date of Birth: (Month, Day, Year) _____ Male: ☐ Female: ☐

Mailing Address: _____

City, State, Zip: _____

Preferred Phone: _____ Secondary Phone: _____

Email Address: _____

EMERGENCY CONTACTS:

Name	Relationship	Primary Phone	Secondary Phone

Current medications: _____

Allergies: _____

Personal Physician: _____ Phone: _____

In the event of an emergency, I hereby authorize Colorado Mesa University to release all information on this form to appropriate medical personnel.

Printed Name: _____

Signature: _____ Date: _____

Firefighter I Academy Medical Release Form
Please Type or Print

Name: _____

Last First Middle initial

INSTRUCTIONS FOR PHYSICIAN:

The above-named person has been extended an offer of admission to the CMU Tech Fire Academy. To matriculate into the Academy, the student must demonstrate that he/she is free of any medical conditions that would prevent him/her from performing the physical tasks necessary for a fire career.
The requirements of this program, and the duties of firefighters, place physical and mental demands upon an individual, including a wide variety of hazardous situations and environmental concerns.
The training program involves physical fitness testing and training that involves heavy demands on an individual. Academy students are expected to perform at emergency incidents and will be required to perform in-training drills and emergency exercise. Students will participate in exercises that include, but are not limited to, fire suppression activities, ladder exercises, hose and fire stream operations, running, sitting, lifting, throwing, kneeling, squatting and general calisthenics (sit ups, pushing, pulling, obstacle course, etc.). We want to ensure the safety of our students and therefore ask that they undergo a physical evaluation prior to enrollment to ensure they are able to endure the physical demands of our program without risk to their health.
We ask that you review the applicant's medical history and conduct a physical examination sufficient to render us your medical opinion as to the present ability of the individual to participate in our program and the physical and mental functions of a fire fighter. This should include evaluation of vision, ears, heart and lungs, muscular strength, balance, flexibility, and any limitations of the back, core or extremities. Additional testing will be at the medical provider's discretion.
Additionally, these students are required to meet the standards of CFR 1910.134 (Respiratory Protection). These standards are set by OSHA and are designed to ensure individuals are medically able to wear a respirator. *Medical conditions that are concerning would include cardiovascular and respiratory diseases, smoking, exposure to respiratory hazards, neurological or musculoskeletal disorders, impaired sensory function (hearing problems, olfactory problems), psychological conditions (anxiety, claustrophobia), or significant elevations in heart rare, blood pressure, or respiratory rate.* At the provider's discretion, additional testing may be required to further evaluate for these conditions.
For questions, please contact the CMU Tech Fire Academy Coordinator at 970-255-2576.

Firefighter I Academy
Medical Provider's Certification of Physical Examination

To: Firefighter I Academy:

I (print full name) _____, a licensed medical provider in the state of Colorado, hereby certify that on (date)_____, I reviewed medical history and completed a physical examination of _____.

☐ Based on the results of the history and physical examination, I hereby certify with a reasonable degree of medical certainty that the above-named individual is physically fit, capable, and qualified to perform all the essential job functions of a firefighter as well as using a respirator.

☐ After the completion of the history and physical examination, I am unable to certify that the above-named individual is physically qualified to perform all the essential job functions of a firefighter and/or using a respirator.

_____ Click or tap to enter a date._____

Signature of Certifying medical provider

Medical Provider's name	Address
Phone number	Date

**Medical provider must be MD, DO, NP, or PA*

Colorado Mesa University Tech
STUDENT WAIVER OF LIABILITY FORM

CMU Tech is an Institution of Higher Education in the State of Colorado and, as such, is covered by the Colorado Governmental Immunity Act, C.R.S. 24-20-101 et seq. This law provides that the State and its institutions are immune from lawsuits for injuries suffered by private persons, except, in specific situations listed in the law, where immunity is specifically waived. In other words, by law, if a student suffers an injury as a result of a participation in instructional activities of the college, the college is immune from fiscal liability for such injury. For this reason, students are strongly encouraged to obtain medical insurance coverage, if they do not already have coverage, before participating in activities that present a risk of physical injury.

I am exercising my own free choice to participate voluntarily in (Firefighter One Training Academy), and I promise to take due care during such participation. I have been informed of the nature of these activities, and I am aware of the hazards and risks that may be associated with my participation in these activities, including the risks of bodily injury, death or damage to property from known or unknown causes.

In consideration of the privilege of participating in instruction offered by employees of CMU Tech, I have and do hereby assume all risks and will hold CMU Tech and its employees and agents harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with participation in instruction activities arranged for me by CMU Tech or its employees or agents. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators and all members of my family.

In signing below, I hereby assert that:

- I have read this document.
- I understand that CMU Tech is covered by the Colorado Governmental Immunity Act.
- I am personally liable for injuries that I may suffer because of participation in this activity.

Student Signature_____ Date_____

Witness_____Date_____

Colorado Division of Fire Prevention & Control (CDFP&C)
RELEASE AGREEMENT

By participating in any training program (regardless of the sponsorship of such program), that involves the use of any of the facilities of the CDFP&C Training Center (herein, "Facilities"), the undersigned participant expressly agrees the Colorado Division of Fire Prevention and Control shall not be liable for any damages arising from personal injuries sustained by the party in, on or about the premises of the Facilities or as a result of using the Facilities and/or the equipment thereon.

By the execution of this Agreement, the undersigned participant acknowledges and assumes full risk and responsibility for any personal injuries, damages, or losses which may occur to such participant on or about the premises of the Facilities, regardless of participation in any program, and does hereby fully release and discharge the Colorado Division of Fire Prevention and Control (including its officers, employees and agents) from any and all claims, demands, rights of action or causes of action, present or future, known or unknown, resulting from arising out of the undersigned's use of the Facilities or the equipment thereon.

The undersigned further acknowledges and agrees that the Colorado Division of Fire Prevention and Control (including officers, employees, and agents) shall not be liable for any damage, loss or theft of any party's personal property occurring while the undersigned is present at the Facilities.

The undersigned also acknowledges and agrees that the Colorado Division of Fire Prevention and Control, acting by and through its Training Center employees, reserves the right to call emergency medical aid for an injured party and said party accepts responsibility for any financial obligations arising from such emergency medical aid or transportation to a medical facility, through health insurance or otherwise.

Party agrees to keep and obey all rules and regulations of the Colorado Division of Fire Prevention and Control for the use of facilities and the equipment and facilities therein.

This Agreement shall be interpreted in accordance with the statutes of the state of Colorado, and if any particular provision in this contract shall be deemed invalid, the same shall not affect the balance of this contract and the remaining provisions thereof.

This release and agreement shall be binding upon me, any of my heirs, executors, administrators, personal representatives and assigns, and shall ensure the benefit of the said Division, officers, and members herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Dated this: _____ day of _____, 20_____

Printed Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

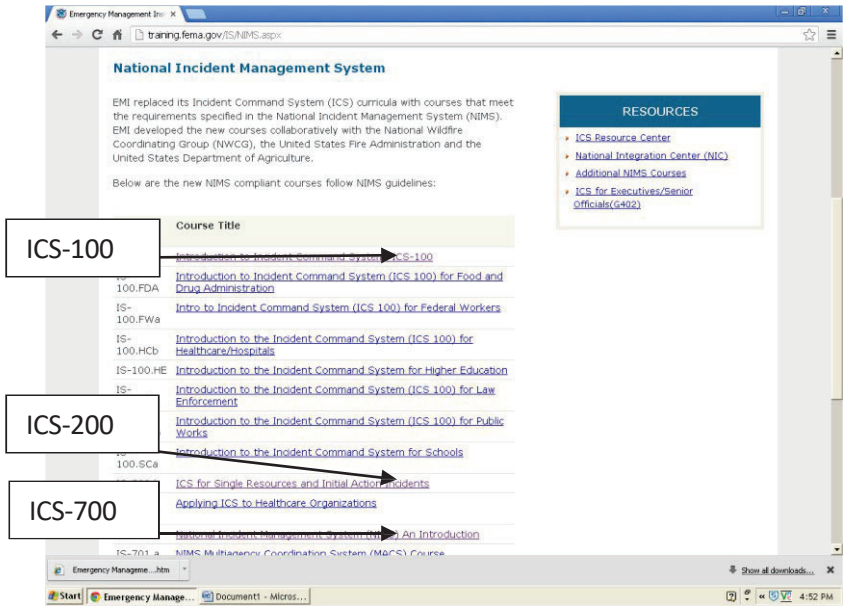
Instructions for Completing FEMA Online Courses

Prior to the first day of the Academy, you will need to go to the FEMA website for the on-line Independent Study Program (ISP) classes. These are available at NO COST. You will need to complete ICS-100 (IS-100.b), ICS-200 (IS-200.b), & ICS-700 (IS-700.a) and bring the certificates with you to class on First Day. Each certificate is worth 3 points towards your grade.

It can take up to a week to get your certificates, so do this as soon as possible.

Go to – https://training.fema.gov/emiweb/is/icsresource/trainingmaterials/#item1

Scroll down to select a course and complete it.



After you take the final test at the end of each course, you will enter your information into their system, and they will send you an email letting you know if you passed or not. If you pass, there will be a link to a site to print out a certificate for that course. If you do not pass, you will have instructions on how to retake the test.

OSHA MEDICAL REPORTING

To be completed by the applicant

Name_____

Date_____

Phone_____

DOB_____

Sex: **Male** ☐ **Female** ☐

Height_____

Weight_____

		Yes	No
1.	Have you worn a respirator before?	☐	☐
	If yes, what type?		
2.	Do you currently smoke tobacco?	☐	☐
3.	Have you smoked tobacco in the last month?	☐	☐
4.	Have you ever had:		
	Seizures	☐	☐
	Diabetes	☐	☐
	Allergic reactions	☐	☐
	Claustrophobia	☐	☐
	Pulmonary problems	☐	☐
	Lung problems	☐	☐
	Asbestosis	☐	☐
	Asthma	☐	☐
	Emphysema	☐	☐
	Pneumonia	☐	☐
	Tuberculosis	☐	☐
	Silicosis	☐	☐
	Pneumothorax	☐	☐
	Lung cancer	☐	☐
	Broken ribs	☐	☐
	Chest injuries/surgeries	☐	☐
	Other lung problem	☐	☐
	Current lung problem	☐	☐

	Yes	No
Shortness of breath when:		
walking fast uphill	☐	☐
walking fast on level ground	☐	☐
washing or dressing	☐	☐
working - interferes with job	☐	☐
Coughing that produces phlegm	☐	☐
Coughing that wakes you in the morning	☐	☐
Coughing up blood	☐	☐
Wheezing	☐	☐
Wheezing that interferes with job	☐	☐
Chest pain when you breathe deeply	☐	☐
Cardiovascular or heart problems	☐	☐
Stroke	☐	☐
Angina	☐	☐
Heart failure	☐	☐
Swelling in your hands/feet	☐	☐
Heart arrhythmia	☐	☐
High blood pressure	☐	☐
Other heart problems	☐	☐
Frequent pain or tightness in your chest	☐	☐
Pain or tightness in your chest during physical activity	☐	☐
Pain or tightness in your chest that interferes with your job	☐	☐
Heart skipping or missing a beat	☐	☐
Heartburn/indigestion not related to eating	☐	☐
5. Do you currently take medications for:		
Breathing or lung problems	☐	☐
Heart trouble	☐	☐
Blood pressure	☐	☐
Seizures	☐	☐
6. If you've used a respirator, have you had any:		
Eye irritation	☐	☐
Skin allergies/rashes	☐	☐
Anxiety	☐	☐
General weakness/fatigue	☐	☐
Other problems	☐	☐
7. Have you ever lost vision in either eye?	☐	☐
8. Do you currently have vision problems?	☐	☐
9. Do you wear:		
Contact lenses	☐	☐
Glasses	☐	☐
10. Are you color blind?	☐	☐
11. Have you ever had any injury to your ears?	☐	☐

		Yes	No
12.	Do you currently:		
	Have difficulty hearing	☑	☐
	Wear a hearing aid	☐	☐
	Have any other ear trouble	☐	☐
13.	Have you ever had a back injury?	☐	☐
14.	Do you currently have any of the following:		
	Weakness in any of your arms, hands, legs, or feet	☐	☐
	Back pain	☐	☐
	Difficulty fully moving arms and legs	☐	☐
	Pain or stiffness when you lean forward or backward at the waist	☐	☐
	Fully moving your head up and down	☐	☐
	Fully moving your head from side to side	☐	☐
	Bending at your knees	☐	☐
	Squatting to the ground	☐	☐
	Climbing a flight of stairs or a ladder with more than 25lbs	☐	☐
	Other musculoskeletal problems	☐	☐
15.	Do you have dizziness, shortness of breath, pounding in your chest, or other symptoms at high altitudes?	☐	☐
16.	Have you ever been exposed to hazardous solvents or hazardous chemicals?	☐	☐
	If yes, which ones?		
17.	Have you ever worked with:		
	Asbestos	☐	☐
	Silica	☐	☐
	Tungsten/cobalt	☐	☐
	Beryllium	☐	☐
	Aluminum	☐	☐
	Coal dust	☐	☐
	Iron	☐	☐
	Tin	☐	☐
	Dusty conditions	☐	☐
	Other hazardous exposures	☐	☐

18. List any secondary jobs or business:

19. List your previous occupations:

20. List your current and previous hobbies:

21.	Have you ever been in the military?	☐	☐
22.	Have you ever worked on a HAZMAT team?	☐	☐

CMU TECH FIRE ACADEMY PROGRAM INSURANCE PARTICIPATION POLICY AND SECONDARY INSURANCE INSTRUCTION SHEET

Introduction:

• CMU Tech is committed to ensuring the safety of all students during participation in the program.

• All students participating in the CMU Tech Fire Academy Program are **REQUIRED** to have primary insurance before participating in the program.

• Students who are injured during participation in a CMU Tech Fire Academy Program course of instruction **MAY** qualify for CMU's secondary insurance policy, if the deductible is met and all requirements are fulfilled.

Instructions:

• Students and policy holders of student's primary insurance should thoroughly read each page of the insurance packet.

• Students and policy holders of student's primary insurance **MUST** agree with and date each page after reading through each section of the packet.
NOTE: Students are responsible for sharing this information about primary and secondary insurance requirements with the policy holder before completing form.

• Students and policy holders of student's primary insurance must fill out **ALL** required sections primary health insurance information page.

• A copy of the student's primary insurance card, front and back, must be attached and submitted with the CMU Tech Fire Academy Program Primary Health Insurance Form.

CMU Tech **strongly** recommends that the students and the policy holder of the student's primary insurance make a copy of this form for their personal records.

If you have questions regarding primary insurance responsibilities or secondary insurance coverage, please contact
Fire Academy Director Joe White.
Fire Science Director Colorado Mesa University, 1100 North Ave, Grand Junction CO, 81501
Phone:970-255-2576
Email: jwhite2@coloradomesa.edu

CMU TECH FIRE ACADEMY
PROGRAM INSURANCE PARTICIPATION POLICY
Section A – Health Insurance Requirements

All C M U T e c h Fire Academy student participants are required by the program to have Healthcare insurance. It is **STRONGLY** recommended that the primary health insurance provides in network coverage in Mesa County and includes the following minimal coverages:

1. Coverage of injuries.
2. Coverage of all body parts (no exclusions). *Colorado Mesa University will not be responsible for injuries excluded by your primary health insurance policy.
3. 80% pay after deductible for major medical coverage.
4. $100,000.00 minimum for major medical coverage.

Things to consider with primary health insurance for your student:

1. KASIER PERMANENTE INSURANCE DOES NOT HAVE COVERAGE IN GRAND JUNCTION, CO.

• Students with Kaiser Permanente Insurance who need medical coverage, such as doctors' visits, x-rays, MRIs, surgeries, etc., will need to return home OR be treated as self-pay for these medical expenses.

• Students with Kaiser Permanente Insurance will have coverage at Urgent Care or Emergency Departments under plan care.

• CMU Tech **STRONGLY** recommends purchasing a supplemental policy for the student that has coverage in the area, i.e. Colorado Medicaid.

***2.* Out of State Medicaid**

• Out of State Medicaid **DOES NOT** provide Colorado coverage.

• Students with out-of-state Medicaid will be treated as self-pay in the state of Colorado.

• CMU Tech recommends the student switch coverage to Colorado Medicaid to have medical coverage in Colorado.

***3.* Commercial Insurance (Aetna/BCBS/Cigna etc.)**

• Most commercial insurance companies require diagnostic testing before being approved for advanced diagnostic tests, such as MRIs or CT scans

• In the event the student needs advanced diagnostic imaging, such as an MRI, your primary insurance may require your student to have a diagnostic X-ray before being approved. This may result in longer scheduling waiting times for an MRI.

By checking below, I confirm that I have read and reviewed Section A – Health Insurance Requirements of CMU Tech Fire Academy Insurance Participation Policy with the policy holder, and understand the responsibility of the student to maintain primary health insurance. I understand that there are any changes in primary health insurance coverage must be reported immediately to CMU Tech, and a new insurance information form must be completed. CMU Tech reserves the right to verify signatures and policy information. The policy holder also acknowledges agreement with the above policy.

Printed:_____ Date:_____
(Name of Student or Guardian if under 18)

Printed:_____ Date:_____
(*Name of Policyholder)*

Section B – CMU TECH FIRE ACADEMY Insurance

CMU Tech Insurance is a secondary policy **ONLY.** All students participating in CMU Tech Fire Academy **MUST** have primary insurance to participate in the program. The CMU Tech secondary insurance policy **MAY** pay for costs not covered by your primary health insurance, but it is not guaranteed. The following conditions must be met before for possible coverage by the secondary insurance:

1. The injury must have occurred during participation in a CMU Tech course of instruction.
2. The injury must be reported to CMU Tech within one (1) week after the injury and recorded in an injury report.
3. Students must meet a deductible $5,000.00 to meet secondary coverage requirements. Students have 24 months (2 years) from the date of injury to meet the secondary insurance deductible of $5,000.00. **If the costs for the injury do not reach $5,000.00, the student will be responsible for all charges, unless medical services are provided on campus. In these cases, CMU Tech will pick up all "member responsibility" cost.**

** The CMU Tech secondary insurance policy **CANNOT** be given to medical providers for direct billing. For a claim with secondary insurance to be considered, the following items must be given to the Program Director:

1. Copies of itemized bills from **EACH** medical provider/medical facility used to provide medical service for the injury. Itemized bills must be in either **CMS 1500 or UB04 medical forms with diagnostic codes included.**
2. Copies of primary insurance Explanation of Benefits (EOB) or denial of payments forms for the injury.
3. Copies of itemized receipts paid out of pocket for the injury.

***The above items must be presented to the Program Director within sixty (60) days of reaching the secondary insurance deductible**.

** The CMU Tech secondary insurance policy **WILL NOT COVER** the following:
1. Ordinary illnesses and general prescriptions
2. Injuries sustained outside of participation in a supervised, regularly scheduled game, practice, or workout.
3. Medical charges that are found to be over or above usual and customary for the area of services
4. Injuries sustained while substance abuse or misuse occurring.

** CMU Tech **WILL NOT BE RESPONSIBLE** for the following:
1. Charges that are declined by all insurances.
2. Late charges or charges associated with noncompliance or falsification of information.

By checking below, I confirm that I have read and reviewed Section B of the Insurance Participation Policy with the policyholder. I understand the responsibility of the University to a student- who becomes injured as a result of participation in a CMU Tech program. CMU Tech reserves the right to verify signatures and policy information. The policy holder also acknowledges agreement with the above policy.

Printed: _____ Date: _____
(Name of Student or Guardian if under 18)

Printed: _____ Date: _____
(*Name of Policyholder)*

CMU Tech
PRIMARY HEALTH INSURANCE INFORMATION

Student: _____Soc. Sec Number: _____ Birthdate: _____
Department/Program/Course: _____
Name of Insurance Company: _____
Insurance Company Mailing Address: _____
Insurance Company Phone Number: _____
Name of Policyholder: _____
Policyholder's Mailing Address: _____
City, State, Zip Code: _____
Policyholder's Phone Number (home): _____ (work): _____
Policyholder's Employer: _____
Policyholder's Social Security Number: xxx-xx-_____ DOB: _____
Policy Number: _____
Group/Plan Number: _____
Is your policy an HMO, PPO, or Managed Care Plan? _____

PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF THE INSURANCE CARD TO THIS FORM.

This policy should meet the recommended minimum requirements in Section A - Health Insurance Requirements - outlined on the opposite side of this page. **Any changes in the insurance coverage must be reported immediately**.

By checking below, I agree that the information provided is accurate and complete to the best of my knowledge.

By checking below, I agree to notify CMU Tech of any changes in insurance coverage. I/We grant permission for medical personnel to provide treatment in emergency situations.

Printed: _____ Date: _____
(Name of Student-Athlete or Guardian if under 18)
Printed: _____ Date: _____
(*Name of Policyholder)*

This completed form must be approved by the appropriate CMU Tech Program Director prior to participation in any activity. Any changes in insurance coverage must be reported immediately. Failure to report changes immediately may limit coverage by the secondary insurance.

I acknowledge that I have read and understand all information in this application. I have answered all questions truthfully and to the best of my knowledge.

_____ Date: _____
Signature