Emergency Medical Technician

Application Packet

Save the application onto your computer, open and fill in the information. When the form is complete, email to EMTProgram@coloradomesa.edu or turn in to the EMT Office, Student Wellness Center, Room 204.

______________________________  _________________________  _________________________
Last, First, MI (please print legibly)  Date  Semester Desired

______________________________  _________________________
Student ID Number  Choose day or evening classes
Emergency Medical Technician

PLEASE TYPE IN ALL INFORMATION

Full Name (please type):

LAST         FIRST         MIDDLE

Mailing Address:

STREET ADDRESS       CITY       STATE       ZIP

Home Phone Number (include area code):

Cell Phone Number (include area code):

E-mail Address:

CMU E-mail Address: ____________________________
(Note: Please use your official CMU email address for all correspondence. You will receive a Colorado Mesa University email account upon acceptance to CMU/WCCC.)

Shirt Size: ___________ Preference of ___ Male Style ___ Female Style

Date of Birth: ____________________________

Other names used / Maiden Name / Aliases:

Full Name (please type):

LAST         FIRST         MIDDLE
Emergency Medical Technician
Application

Applicant Information

Full Name: ________________________________ Date: ____________
LAST           FIRST           MIDDLE

Address: __________________________________________________________
STREET ADDRESS            APARTMENT/UNIT#
CITY                     STATE                     ZIPCODE

Home Phone: __________________ Cell Phone: __________________
Work Phone: ___________________ SSN: ___________________

Best way to contact you during normal hours: ☐ Home ☐ Cell ☐

Work Describe any EMS related education or training:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If you did not graduate from High School, provide specifics of where and when you received your G.E.D.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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 ________________
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 EMS program.

Signature: ______________________________

Date: __________________
Emergency Medical Technician Application Checklist

(Retain this Sheet)

PRE-ADMITTANCE REQUIREMENTS

____ 1. Background Check

The EMT, Advanced EMT, and Paramedic programs require a background check. Background checks can be completed through www.castlebranch.com. Please use passcode - cm75.

ADMISSION TO COLLEGE

____ 1. Complete Western Colorado Community College (WCCC) Application for Admission at: http://www.coloradomesa.edu/wccc/apply.html

(Current Colorado Mesa University (CMU) or WCCC 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

____ 3. Upon completion of your application and submission of your official transcripts, you will then Receive a letter of acceptance into CMU/WCCC along with your student ID number (also known As a 700#).

ADMISSION TO EMT PROGRAM

____ 1. Fill out the EMT application and submit to Pam Holder or Student Services at WCCC, Building B

Pam Holder
EMS Director
pholder@coloradomesa.edu

Student Services
2508 Blichmann Ave., Building B
Grand Junction, CO  81505

____ 2. Submit a colored, enlarged copy of current, valid ID or driver's license.

____ 3. Five (5) Panel drug screen from the lab of your choice.

____ 4. Physical examination.

Must be able to lift 50lbs. 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 (yearly)
- Current TB skin test. (Either a two-step TST within the past 12 months or proof of negative TST documented yearly for 2 years. If the student has proof of a one-step TST within the past 12 months, a one-step TST should be done.)

____ 6. 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. Should Students chose 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 minimum coverage limits of $1,000,000 per claim/$3,000,000 annual aggregate. Emergency Medical Technician student must be listed.

____ 7. Submit proof of personal health insurance.

Revised 9/5/2019