Emergency Medical Technician

Application Packet

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

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

CMU/WCCC Student ID (700#)  Choose day or evening classes
Emergency Medical Technician Application Checklist
(Retain this Sheet)

ADMISSION TO COLLEGE
1. Complete Western Colorado Community College (WCCC) Application for Admission at:
   https://www.coloradomesa.edu/wccc/admissions/
   (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#).

PRE-ADMITTANCE REQUIREMENTS
1. Background Check
   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. Schedule an interview with the EMS Director, pholder@coloradomesa.edu

ADMISSION TO EMT PROGRAM
1. Fill out the EMT application and send it to EMSProgram@coloradomesa.edu or take it to Student
   Wellness Center on CMU campus, EMS Office, Room 204.
2. Submit a colored, enlarged copy of current, valid ID or driver’s license.
3. Five (5) Panel drug screen. Lab of your choice. Must be within 45 days of the first day of class.
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.)
   - Proof of COVID vaccine or an exemption
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
   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 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
Emergency Medical Technician

PLEASE TYPE IN (OR PRINT LEGIBLY) ALL INFORMATION

Full Name (please type): ________________________________________________

LAST FIRST MIDDLE

Mailing Address:

STREET ADDRESS CITY STATE ZIP

Home Phone Number (include areacode): _________________________________

Cell Phone Number (include areacode): _________________________________

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

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.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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: _________________