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. Submit an application to the EMT program to EMSProgram@coloradomesa.edu or take it to Student Wellness Center Classroom building on CMU campus. The EMS offices are located upstairs in 202.
2. Obtain a Background check and send it to EMSProgram@coloradomesa.edu. To obtain a background check you can use http://www.cbirecordscheck.com. It is $5.00 for this online background check. Please PRINT THE RESULTS and either bring it to the EMS office or send it in to EMSProgram@coloradomesa.edu with the completed application.
3. Schedule an interview with the EMS Director by using EMSProgram@coloradomesa.edu or by calling 970-248-2006 or 248-1597.

ADMISSION TO EMT PROGRAM:

1. After your interview and you have received the Acceptance letter from the EMS Director, you will need to send in the completed form to the EMS office EMSProgram@coloradomesa.edu or drop it off at the EMS Offices on CMU campus.
2. For full acceptance into the program you will need to provide copies of proof of all of the following BEFORE THE FIRST DAY OF CLASSES:
   - Valid Driver’s license
   - Five (5) panel drug screen. Lab of your choice. Must be within 45 days of the first day of class. MCC is located on 12th street across the street from Lowell Heiny Hall.
   - Physical examination. Must be able to lift 50lbs. Examination must not be more than three (3) months old.
   - Proof of the following immunizations:
     1. 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.)
     2. Two Measles/Mumps/Rubella
     3. Tetanus (Current within 10 years)
     4. Hepatitis B (one Series of three (3) immunizations)
     5. Influenza (yearly during flu season)
     6. Proof of COVID vaccine or an exemption
     7. Varicella
3. Submit proof of professional liability insurance during section EMTS 102. Students may apply for insurance through The National Professional Groups as a student. The website is www.hpsocom. If you 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. If you are sponsored by an agency, your name needs to be on the policy.
4. 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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td>___________________________</td>
</tr>
<tr>
<td>LAST</td>
<td>FIRST</td>
</tr>
<tr>
<td>Address:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>APARTMENT/UNIT#</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>___________________________</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>___________________________</td>
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</tbody>
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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.

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: ________________