You can print the application out, or fill out electronically through Word. Once you have completed the application, email to EMTProgram@coloradomesa.edu or turn in to the EMT Office, Student Wellness Center, Room 205.

___________________________  ______________  _______________________
Last, First, MI (Name)       Date                           Desired Semester

_________________________
CMU/WCCC Student ID #
Paramedic Applicant Information

PLEASE TYPE IN (OR PRINT LEGIBLY) ALL INFORMATION

Full Name (Last, First, Middle):

Mailing Address (Street Address):

City: State: Zip:

Home Phone Number: Cell Phone Number:

Best number to contact you?

E-mail Address:

CMU E-Mail Address:

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

Shirt Size: __________________ Preference of: ☐ Male Style ☐ Female Style

Date of Birth: ____________________________

Other names used/ Maiden Name/ Aliases: ________________________________________________

Western Colorado Community College
2508 Blichmann Avenue
Grand Junction, CO 81505
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.

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.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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/WCCC EMS Program.

_____________________________________________ ______________________________
Signature Date

Western Colorado Community College
2508 Blichmann Avenue
Grand Junction, CO 81505
Paramedic Application Check List

(These items must be turned in prior to the beginning of your course. Failure to turn in all required documentation may result in dismissal from the course.)

PRE-ADMITTANCE REQUIREMENTS:

1. ☐ Background Check
   a. The EMT, Advanced EMT, and Paramedic Programs require a background check which can be completed through www.castlebranch.com (Use Passcode – cm75)

2. ☐ 5 Panel Drug Screen
   a. MCC Drug and Alcohol Screening

ADMISSION TO COLLEGE

1. ☐ Complete Western Colorado Community College (WCCC) Application for Admission at: http://www.coloradomesa.edu/wcc/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. ☐ 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/WCCC along with your student ID number (also known as a 700#)

ADMISSION TO THE PARAMEDIC PROGRAM

1. ☐ Fill out the Paramedic Application and submit to:
   T. Troy Salazar or EMS Office 205
   Paramedic Instructor Coordinator
   tsalazar2@coloradomesa.edu
   Student Wellness Center
   1060 Orchard Ave
   Grand Junction, CO 81505

2. ☐ Submit a colored, enlarged copy of current, valid driver’s license

3. ☐ Physical examination
   *Must be able to lift 50 lbs. Examination must not be more than three (3) months old

4. ☐ Proof of the following immunizations:
   • Two Measles/Mumps/Rubella
   • Varicella
   • Tetanus (current within 10 years)
   • Hepatitis B (Series of three (3) immunizations)
Western Colorado Community College
2508 Blichmann Avenue
Grand Junction, CO 81505

• 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)

5. ☐ 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)

6. ☐ Copy of Current BLS CPR Card

7. ☐ Proof of successful completion of an EMT IV Certification course, and a Basic EKG course (attach a copy of certificate(s) of completion)

8. ☐ 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 a minimum coverage limits of $1,000,000 per claim/$3,000,000 annual aggregate. Paramedic student must be listed.

9. ☐ Submit proof of personal health insurance.

10. ☐ Other documentation as requested.