



Paramedic Application Packet

**If you have not completed your EMT certification, DO NOT use this application.
You must be a certified EMT or above to use this application.**

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 205.

Starts In Fall Semesters ONLY

Last Name

First Name

MI

Date

(please print legibly if hand writing)

CMU/WCCC Student ID (700#)

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



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? Home Cell

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.)

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



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)
 - 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.hpsso.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.