

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 tsalazar2@coloradomesa.edu or turn in to the EMT Office, Student Wellness Center, Room 205.

Starts In Fall and Spring Semesters

Last Name	First Name	MI	Date
	(please print legibly if har	nd writing)	
	CMU/WCCC Student ID	(700#)	



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: ()				
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.)



List any current Livis certifications you noid, 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
Child Circ
Shirt Size: Preference of: ☐ Male Style ☐ Female Style
Date of Birth:
Other names used/ Maiden Name/ Aliases:



Personal References

1: Full Name:	ame: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:		
	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.		
Cianatura		
Signature		
Date		



Paramedic Application Check List

ADMISSION TO COLLEGE

1. 🗆 C	Complete Western Colorado Communi	ty College (WCCC	C) Application for Admission at:
<u>htt</u>	ps://www.coloradomesa.edu/wccc/a	dmissions/ (Curre	ent Colorado Mesa University (CMU) or
W	CCC students, please disregard)		
2. □ S	ubmit official copy of High School Tra	nscripts or G.E.D	scores, and/or College Transcripts
fro	m previous colleges attended to: adm	nissionsprocessing	g@coloradomesa.edu
3. □ т	EAS Test Results (For Degree Seeking	Students)	
4. 🗆 U	Jpon completion of your application a	nd submission of	your official transcripts, you will then
	ceive a letter of acceptance into CMU/ a 700#)	WCCC along with	n your student ID number (also know
PRE-PARAI	MEDIC COURSE ADMITTANCE REQUI	REMENTS:	
1. 🗆 F	ill out the Paramedic Application and	submit to:	
	T. Troy Salazar	or	EMS Office 205
	Paramedic Instructor		Student Wellness Center
	tsalazar2@coloradomesa.edu		1060 Orchard Ave Grand Junction, CO 81505
			Grand Junction, CO 81303
2. 🗆 P	articipate in a Paramedic Student Inte	erview (to be sch	eduled after application is received)
PAPERWO	RK REQUIRED <u>AFTER</u> ADMITTANCE TO	O THE PARAMED	IC PROGRAM LETTER HAS BEEN
1. □ B a	ckground Check (choose one option b	elow based on st	ate of residency)
a.	The EMT, Advanced EMT, and Param	nedic Programs re	equire a background check which can
	be completed through www.castleb	<u>ranch.com</u> (Use I	Passcode – cm75)
b.	Colorado Bureau of Investigations -	for Colorado res	sidents:
	https://www.cbirecordscheck.com	Go to the websit	e and select Internet Background
	Check. Then fill in al the informatio	n and get your do	ocument.
	YOU MUST PRINT THIS OUT AND BE	RING IT IN TO THI	E EMS OFFICE! Fee is \$5.00
2. 🗆 F	ive (5) Panel drug screen. Lab of your	choice. Must be	within 45 days of the first day of class.
3. □ S	ubmit a colored, enlarged copy of cur	rent, valid driver	s license.

4.	☐ Physical examination (Must be able to lift 50 lbs. 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 (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)
	•	Proof of COVID vaccine, or exemption
6.	. □ 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)	
7.	☐ Copy of Current BLS CPR Card	
8.	☐ Proof of successful completion of an EMT IV Certification course, and a Basic EKG course (attach a copy of certificate(s) of completion)	
9.	□ 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.	
10.	D. ☐ Submit proof of personal health insurance.	
11.	. Other documentation as requested.	