

Paramedic



Application Packet

(Type out application on line, then print out to turn in)

Last, First, MI (please print legibly)

Date

Semester Desired

2508 Blichmann Avenue
Grand Junction, CO 81505
(970) 248-1784

Rev. 6/29/18

Prospective Applicant,

Thank you for your interest in the Emergency Medical Services Program offered at Colorado Mesa University/ WCCC. We would like to help you in your effort to become a career Paramedic. Emergency Medicine is a growing industry and gaining employment as an EMS professional today is becoming more competitive. Our program is unique in that we offer you the opportunity to receive an EMT Certificate, Paramedic Certificate and an Associate in Applied Science Degree in EMT-Paramedic.

The enclosed application materials should be completely filled out and returned to the WCCC office or to Pam Holder at pholder@coloradomesa.edu for processing. The application timeline for the paramedic program is outlined below:

- Complete & return all application materials enclosed by June 15 for fall semester and November 15 for spring semester.
- Attend the Mandatory Orientation meeting.
- A personal interview with the Program Director, Medical Director and the Paramedic review committee will be scheduled after completed application materials are received.
- Submit all additional required paper work upon conditional acceptance.

The Paramedic program is offered two times per year. The program has four components: Lecture, Lab, Clinical and Field Internships. The student must complete all coursework, lecture, lab, clinical and field internship, as well as pass all academic and practical components before sitting for the National Registry Examination.

The program is designed to educate workers in the field of Emergency Medical Services. Students must earn a “C” or better in all EMS courses to graduate. All students must complete a criminal background check and a drug screen prior to final acceptance in this program. All students are also required to maintain health insurance and liability insurance during their period of enrollment in the program.

You may not register for Emergency Medical Services classes until you have been admitted to the program and have a signature from the Program Director.

I look forward to assisting you in your efforts to become an Emergency Medical Services Professional.

Sincerely,

Pam Holder
970.248.1784
EMS Program Director
Colorado Mesa University/ WCCC
Student Wellness Center

Please return the application and supporting documentation by due date: pholder@coloradomesa.edu.
Your oral board interview will be scheduled upon receipt of your COMPLETED application.

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Contact Information

PLEASE TYPE IN ALL INFORMATION

Full Name (please type): _____

LAST

FIRST

MIDDLE

Mailing Address: _____

STREET ADDRESS

CITY

STATE

ZIP

Home Phone Number (include area code): _____

Cell Phone Number (include area code): _____

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.)

CMU 700#: _____

Date of Birth: _____

Other names used / Maiden Name / Aliases:

Full Name (please type): _____

LAST

FIRST

MIDDLE

Paramedic Application

Applicant Information

Full Name: _____ Date: _____

LAST FIRST MIDDLE

Address: _____

CITY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____

Work Phone: _____ SSN: _____

Best way to contact you during normal hours: Home Cell Work

Describe any EMS related education or training:

EMT Certification #: _____ Issuing State: _____ State #: _____

NREMT#: _____

Residences

Please list all residences for the past 5 years: (do not leave any gaps; use continuation sheet if needed)

Dates From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Address:

STREET ADDRESS APARTMENT/UNIT#

City State ZIP CODE

Dates From: _____ To: _____
Month/Year Month/Year

Address:

STREET ADDRESS APARTMENT/UNIT#

City State ZIP CODE

Dates From: _____ To: _____
Month/year Month/Year

Address:

STREET ADDRESS APARTMENT/UNIT#

CITY STATE ZIP CODE

Education

High School: _____ Address: _____
FULL NAME

Attended From: _____ To: _____ Did you graduate? Yes No
MONTH/YEAR MONTH/YEAR Diploma: _____

College: _____ Address: _____
FULL NAME

Attended From: _____ To: _____ Did you graduate? Yes No
MONTH/YEAR MONTH/YEAR Diploma: _____

Other: _____ Address: _____
FULL NAME

From: _____ To: _____ Did you graduate? Yes No
MONTH/YEAR MONTH/YEAR Diploma/Degree/Certificate?

* (You may continue education on a continuation sheet)

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: _____

4. Full Name: _____ Relationship: _____

Home Address: _____

Email Address _____ Phone (____) _____

Occupation: _____ Years Known: _____

Please include all employment for the past five years, beginning with the most recent employer first. You may include additional pages if needed. Do not leave gaps. Indicate periods of unemployment if appropriate.

From: _____ To: _____
MONTH/YEAR MONTH/YEAR

_____ Company: Phone: __ Address: __ Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$ ___ Responsibilities: ___ Reason for Leaving: _____

From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: Starting Salary: \$ Ending Salary: \$ Responsibilities: Reason for Leaving:

From: MONTH/YEAR To: MONTH/YEAR

Company: Phone: Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$ Responsibilities: Reason for Leaving:

From: MONTH/YEAR To: MONTH/YEAR

Company: Phone: Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$ Responsibilities: Reason for Leaving:

Did you have any problems or issues at any of your places of employment? (i.e. reprimands, disciplinary notice, conflicts, leave without proper notice, dismissal). Yes No
*(If yes please provide details on continuation sheet)

Additional Questions

Please explain, in your own words, why you seek admission to this program and a future in the Paramedic profession:

Four horizontal lines for writing the answer to the question above.

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 Paramedic program.

Signature: _____ Date: _____

Paramedic

Application Checklist (Retain this sheet)

- Complete the Paramedic Application (fillable on-line, PRINT and retain a copy for your records) Type in complete information, save, print and mail to or turn in to Student Services at WCCC:

Address: Western Colorado Community College
Attn: Paramedic-Pam Holder
2508 Blichmann Avenue
Grand Junction, CO 81505

Or Drop off at CMU in the Student Wellness Center

- Complete Western Colorado Community College (WCCC) Application for Admission at: <http://www.coloradomesa.edu/wccc/apply.html> (Current Colorado Mesa University (CMU) or WCCC students please disregard.)
- Apply for the Colorado Opportunity Fund at <http://cof.collegeassist.org>.
- Copy of High school diploma or un-official CMU transcript showing high school attended.
- Submit official copy of High School Transcripts or G.E.D. scores, and/or College Transcripts from all previous colleges attended to Western Colorado Community College at the address listed above. (Current Colorado Mesa University (CMU) or WCCC students disregard.)
- If applying for veteran financial aid, a copy of your DD-214 or a Certificate of Eligibility needs to be sent to the financial aid office.
- If you are a Veteran, Please submit a copy of your DD-214 with your packet.
- Obtain Paramedic oral board interview appointment.
- Receive notification of **CONDITIONAL** acceptance and confirm intent to register.
- Registration completed by WCCC for all Paramedic courses.

After CONDITIONAL acceptance to the Paramedic Program:

- Take pre-course TEAS test. Call CMU testing center 970.248.1260 for appointment.
- Physical agility test.

- Obtain background check (form will be provided with further instructions) (Fee required approx. \$60.00)
- Copy of current valid driver's license.
- Drug screen completed by Mesa County Consortium (MCC). (Fee required approx. \$37.00)
- Physical examination.
- Proof of the following immunizations:
 - Two Measles/Mumps/Rubella immunizations
 - Varicella
 - Tetanus (Current within 10 years)
 - Hepatitis B (This is a series of three (3) immunizations)
 - Influenza vaccination (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)

- Submit proof of professional liability insurance. Students may apply for insurance through the National Professional Group as a student. The website is www.hpsso.com. Should students chose 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.

- Submit proof of personal health insurance: Student health insurance (major medical) is available each semester for WCCC/Colorado Mesa students. Students must complete an enrollment form and submit it with payment to the Business Office at CMU. Additional coverage is available for spouse and children. Rates are established by the insurance provider and vary based on coverage selected. Inquire at the Colorado Mesa University Business Office in Lowell Heiny Hall

WCCC Paramedic Technical Certificate Costs:

1. Tuition and fees:

Please see for current prices and fees

<https://www.coloradomesa.edu/student-accounts/expenses.html>

2. Shirts:

Class Shirt \$10.00

Clinical Shirt \$15.00

Additional clothing:

Black pants

Dark Shoes or boots

Class hat (optional)

3. Liability Insurance: \$36/year

4. Drug Screen \$32.00

5. Background checks:

CMU-Castle Branch \$62.00

State \$17.50

(Out of state \$39.50)

6. Certifications:

ACLS and PALS \$12.50

7. Books:

Brady Series call CMU Bookstore

Paramedic Platinum Plus and Paramedic Platinum Plus Testing \$186.00

8. After ATI Account is created:

TEAS Test \$100.00

ALL COSTS ARE APPROXIMATE AND SUBJECT TO CHANGE.