

# 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 <a href="mailto:tsalazar2@coloradomesa.edu">tsalazar2@coloradomesa.edu</a> 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 Tech 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 Tech E-Mail Address:				

(NOTE: You will receive a Colorado Mesa University email account upon acceptance to CMU Tech/CMU.

Please use your official CMU Tech 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:					



#### **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.
<del></del>
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 Tech/CMU EMS Program.
Signature
Date



# **Paramedic Application Check List**

#### **ADMISSION TO COLLEGE**

1. ☐ CMU Tech Application for Admission at:
https://www.coloradomesa.edu/tech/admissions/ (Current CMU Tech or Colorado Mesa
University (CMU) 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 Tech/CMU along with your student ID number (also know as a 700#)
PRE-PARAMEDIC COURSE ADMITTANCE REQUIREMENTS:
1. Fill out the Paramedic Application and submit to:
T. Troy Salazar or EMS Office 205 Paramedic Instructor Student Wellness Center
Paramedic Instructor Student Wellness Center tsalazar2@coloradomesa.edu 1060 Orchard Ave
Grand Junction, CO 81505
2. $\square$ Participate in a Paramedic Student Interview (to be scheduled after application is received)
PAPERWORK REQUIRED <u>AFTER</u> ADMITTANCE TO THE PARAMEDIC PROGRAM LETTER HAS BEEN RECEIVED:
1. ☐Background Check (choose one option below based on state of residency)
a. The EMT, Advanced EMT, and Paramedic Programs require a background check which can
be completed through <u>www.castlebranch.com</u> (Use Passcode – cm75)
b. Colorado Bureau of Investigations – for Colorado residents:
https://www.cbirecordscheck.com Go to the website and select Internet Background
Check. Then fill in al the information and get your document.
YOU MUST PRINT THIS OUT AND BRING IT IN TO THE EMS OFFICE! Fee is \$5.00
2.   Five (5) Panel drug screen. Lab of your choice. Must be within 45 days of the first day of class
3. ☐ Submit a colored, enlarged copy of current, 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)	
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.	1. ☐ Other documentation as requested.		