



# PARAMEDIC PROGRAM Application for Admission



Date of Application \_\_\_\_\_

### Biographical Information:

*Complete All Information/Leave Nothing Blank  
Please Print or Type*

\_\_\_\_\_

First Name                      Middle Initial                      Last Name                      Social Security#

Current Address \_\_\_\_\_

Street & Number                      City                      State                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Are you a member of the Boone County Fire Protection District? \_\_\_\_\_

Have You Ever Been Convicted of a Felony?

Yes

No

**If Yes:** Please submit with this application a full description of the offense, copies of relevant court documents, disposition and current status.

### Emergency Medical Technician (EMT-B) Training Program Completion:

Name of Course Coordinator/Instructor: \_\_\_\_\_

Training Entity: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Training Programs that are related to Emergency Medical Services:  
(List Name of Program, Location, Instructor and Date. Continue on back of this page if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Employment Information:

Current Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Please describe how you plan to use the paramedic training (Be specific and print or write legibly):**

**Please attach the following support documents to complete this application:**

- Copy of Birth Certificate
- Copy of High School Diploma or G.E.D. Certificate
- Copy of Current EMT License
- Copy of Driver's License
- Two Letters of Recommendation
- Copy of BLS HCP Card (front and back)

**Send To:** Paramedic Program Enrollment  
The Career Center/Adult Programs  
4203 S. Providence Road  
Columbia, MO 65203

**I hereby affirm and declare that the information provided in this application is true and correct to the best of my knowledge and that any fraudulent entry may be considered sufficient cause for rejection from this program.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date