

EMS Training Institute

at Boone County Fire Protection District

Paramedic Education Program



2027 January Cohort

APPLICATION PACKET

The Boone County Fire District does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age or marital status in any of its policies, procedures, or practices. This non-discrimination policy covers admission, employment and access to all Fire District programs and activities. Student rights, as delineated by law, are protected in all cases.

Revised August, 2026

Background Screening

Included with this application is the Boone County Fire Protection District's Background Consent/Release Form. Background checks are processed at the time of application submission and all results must be received before a conditional invitation to enroll will be extended.

Admissions Process

Application – You may submit your application, background paperwork, copy of your driver's license, current EMT license, copy of AHA BLS and \$100.00 non-refundable application fee, in person, by fax at 573-447-5054, by mail to the Boone County Fire Protection District (Attn: EMS Education), 2201 Interstate 70 Drive NW, Columbia, MO 65202 or by email to emstraining@bcfdmo.com. Application packets received without the \$100.00 deposit will not be processed until the deposit is paid. Deposits may be paid by cash (*in-person only*), check/money order/cashiers check, or credit/debit card (*a bank processing fee will be assessed for all credit card transactions*). Credit/debit card payments can be made by calling 573-447-5054.

Application Period:

Application Period Opens:	Monday, August 17, 2026
Application Period Closes:	Wednesday, November 11, 2026

If you are extended a conditional invitation to enroll in our Paramedic Program, please note that the non-refundable application fee covers the cost of the background checks and administrative fees, and is not applied towards your First Block Tuition.

Interview / Assessment – Once your application packet has been received and processed, an email will be sent giving the abilities to sign up for interviews via Sign-up Genius by October 01, 2026.

Interview / Assessment Period:

Monday, October 26, 2026 through Wednesday, November 18, 2026

Prerequisites –

- EMS 050-053 (the “EMT Program”) or valid State of Missouri EMT License, **and**
- Documentation of a college-level A&P Course (*completed within the last 5 years*), **or**
- Completion of our online Anatomy & Physiology for Prehospital Providers Course.

The details / link for the online Anatomy & Physiology for Prehospital Providers Course will be sent to you with interview & conditional enrollment following the interview process if you are accepted in this course.



Paramedic Education Program
Application for Admission
2027 January Paramedic Course
(Begins January 12, 2026)

Date of Application: _____

Date Received: _____
Amount Paid: \$ _____
Method: Cash Credit/Debit Card
Ck/MO# _____
Received By: _____

Applicant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name: _____ Last Four Digits of SSN: _____ DOB: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Primary Email: _____

Employer Name: _____ Employer Phone: _____

Shirt Size: _____ Current CPR Certification: ____ Yes ____ No If Yes, Exp Date _____

Current EMT-B Certification: ____ Yes ____ No If Yes, Exp Date _____

Emergency Contact Info:

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Tuition and Refund Deadlines:

	<u>Amount</u>	<u>Due Date</u>	<u>Refund Deadline</u>
First Block	\$2,000	December 17, 2026	January 18, 2027
Second Block Ph 1	\$2,000	May 04, 2027	May 10, 2027
Second Block Ph 2	\$2,000	August 10, 2027	August 16, 2027
Third & Fourth Block	\$2,000	November 16, 2027	November 22, 2027

Refund requests must be submitted in writing to the EMS Training Institute by the Refund Deadline designated for each Block.

Admission Assessment:

The Faculty Team will select candidates following the Interview and Assessment process, which includes passing a background screening. Those candidates will receive a conditional invitation to enroll offering them a provisional spot in the program, contingent upon meeting the prerequisite requirements.

I hereby affirm and declare that the information provided on this application is true and correct to the best of my knowledge. Any fraudulent entry may be considered sufficient cause for rejection from this program. I acknowledge that I have reviewed the information above pertaining to Tuition amounts, due dates and refund request deadlines.

Applicant Signature: _____ Date: _____

January 2027 Paramedic Cohort

Block:	Session:			
		Assignments Due:	Friday, January 8	
First	1	Tuesday, January 12	Wednesday, January 13	Thursday, January 14
		Virtual/Assignments Due:	Friday, January 22	
First	2	Tuesday, January 26	Wednesday, January 27	Thursday, January 28
		Virtual/Assignments Due:	Friday, February 5	
First	3	Tuesday, February 9	Wednesday, February 10	Thursday, February 11
		Virtual/Assignments Due:	Friday, February 19	
First	4	Tuesday, February 23	Wednesday, February 24	Thursday, February 25
		Virtual/Assignments Due:	Friday, March 5	
First	5	Tuesday, March 9	Wednesday, March 10	Thursday, March 11
		Virtual/Assignments Due:	Friday, March 19	
First	6	Tuesday, March 23	Wednesday, March 24	Thursday, March 25
		Virtual/Assignments Due:	Friday, April 2	
First	7	Tuesday, April 6	Wednesday, April 7	Thursday, April 8
		Virtual/Assignments Due:	Friday, April 16	
First	8	Tuesday, April 20	Wednesday, April 21	Thursday, April 22
Second Block - Phase 1				
		Virtual/Assignments Due:	Friday, April 30	
Second	1	Tuesday, May 4	Wednesday, May 5	Thursday, May 6
		Virtual/Assignments Due:	Friday, May 14	
Second	2	Tuesday, May 18	Wednesday, May 19	Thursday, May 20
		Virtual/Assignments Due:	Friday, May 28	
Second	3	Tuesday, June 1	Wednesday, June 2	Thursday, June 3
		Virtual/Assignments Due:	Friday, June 11	
Second	4	Tuesday, June 15	Wednesday, June 16	Thursday, June 17
		Virtual/Assignments Due:	Friday, June 25	
Second	5	Tuesday, June 29	Wednesday, June 30	Thursday, July 1
		Virtual/Assignments Due:	Friday, July 9	
Second	6	Tuesday, July 13	Wednesday, July 14	Thursday, July 15
		Virtual/Assignments Due:	Friday, July 23	
Second	7	Tuesday, July 27	Wednesday, July 28	Thursday, July 29
Phase 2				
		Virtual/Assignments Due:	Friday, August 6	

Second	8	Tuesday, August 10	Wednesday, August 11	Thursday, August 12
		Virtual/Assignments Due:	Friday, August 20	
Second	9	Tuesday, August 24	Wednesday, August 25	Thursday, August 26
		Virtual/Assignments Due:	Friday, September 3	
Second	10	Tuesday, September 7	Wednesday, September 8	Thursday, September 9
		Virtual/Assignments Due:	Friday, September 17	
Second	11	Tuesday, September 21	Wednesday, September 22	Thursday, September 23
		Virtual/Assignments Due:	Friday, October 1	
Second	12	Tuesday, October 5	Wednesday, October 6	Thursday, October 7
		Virtual/Assignments Due:	Friday, October 15	
Second	13	Tuesday, October 19	Wednesday, October 20	Thursday, October 21
		Virtual/Assignments Due:	Friday, October 29	
Second	14	Tuesday, November 2	Wednesday, November 3	Thursday, November 4
		Virtual/Assignments Due:	Friday, November 12	
Third	1	Tuesday, November 16	Wednesday, November 17	Thursday, November 18
		Virtual/Assignments Due:	Friday, November 26	
Third	2	Tuesday, November 30	Wednesday, December 1	Thursday, December 2
Third	250 hours	250 hours of Hospital Clinical time, Schedule per week based on site availability.		
Fourth	60-100 hours	60-100 hours of Field Experience, scheduled per week based on site availability		
Fourth	200 hours minimum	200 hours minimum of Field Capstone, scheduled per week based on site and preceptor availability.		



EMS Training Institute Background Consent / Release Form



Applicant's Full Legal Name (Please Print): ☐ Male ☐ Female (Check One)

Last First Middle Name/Initial

Maiden/Alias

Street Address

City State Zip

Date of Birth (mm/dd/yyyy) Social Security Number (xxx-xx-xxxx)

Phone Number Email

Position: ☐ Employee ☐ Volunteer ☐ EMT/Paramedic Student

Boone County Fire Protection District requires background screenings for all employees, volunteers and EMS students. I understand such information may be obtained through direct/indirect contact with former employers, public agencies or other persons who may have such knowledge.

The nature and scope of the background screening is indicated by the selected services below:
(Employer Use Only)

- | | |
|--|--|
| ☐ Criminal Background Check | ☐ Sex Offender Registry |
| ☐ Child Abuse or Neglect File | ☐ MO DHSS Employee Disqualification List |
| ☐ Employment Verification | ☐ Social Security No. Trace |
| ☐ Personal Reference | ☐ Professional License/Certification |
| ☐ OFAC/Terrorist Watch List | ☐ Excluded Parties List System (EPLS)/GSA/SAM |
| ☐ Motor Vehicle Report | ☐ Fraud & Abuse Control Info Systems (FACIS®) |
| ☐ Office of Inspector General | ☐ FBI Background Check (including Fingerprints) |

I hereby consent to this background screening and voluntarily release my date of birth, social security number and other information provided above. I fully understand that if I am disqualified as a potential employee, volunteer or EMT/Paramedic Student it will be based on non-discriminatory information received during my background screening.

Applicant Signature

Date

For Office Use Only: