

EMS EDUCATION INSTITUTE APPLICATION FOR ADMISSION

Applications must include all items to be considered for admission

Program: EMT (initial course) Paramedic (initial course)
 Critical Care Course Refresher January 2022 Other

Start Date: EMT: 1/5/22 5/16/22 8/16/2022

Paramedic: 2/1/22 Marion 5/17/22 Columbia 8/3/2022 Columbia

PERSONAL INFORMATION:

Legal Name

Last: _____ First: _____ Middle: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Telephone: _____

Social Security Number: _____ Date of Birth: _____ Male Female

Email address (required): _____

Are you: a U.S. Citizen legally able to work in the U.S.

Shirt Size (initial courses only): _____

Veteran (initial courses only): Yes No VA Education Benefits: www.gibill.va.gov

To comply with Title IV and IX of the Federal Government regulations, we must have the following information:

American Indian or Alaskan Native White/Caucasian Asian Black or African-American Hawaiian/Pacific Islander

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Telephone: _____

HAVE YOU EVER BEEN CONVICTED?

FELONY? Yes No

MISDEMEANOR? Yes No

Attach all misdemeanors and/or felony convictions including the dates they occurred. Students with records of felonies or misdemeanors may apply for enrollment. However, it is possible that certain types of convictions may prohibit the issue of a license, regardless of class completion. Questions on specific matters related to this issue should be directed to the Missouri Department of Health and Senior Services Bureau of Emergency Medical Services at <http://health.mo.gov/safety/ems/>

EDUCATIONAL INFORMATION:

Type of School	Name and Location (City/State)	Major Field of Study	Diploma or Degree Completed
High School or GED		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____

Licensure: not licensed EMTB Paramedic

Is your current EMS license being disciplined? Yes No If yes, attach detailed explanation.

EMPLOYMENT INFORMATION:

1. Company Name: _____ Job Title: _____
City/State: _____ Telephone Number: _____
Dates of Employment: _____

Is your employer paying: Registration Fees? Yes No Tuition? Yes No If yes, PO# _____

FERPA INFORMATION RELEASE

Please see these websites for full explanations and regulatory exceptions:

http://registrar.missouri.edu/Policies_Rules_and_Regulations/ferpa.htm

<http://www.umsystem.edu/ums/departments/gc/rules/information/180/020.shtml>

The Family Educational Rights and Privacy Act of 1974 is a federal law designed to protect the privacy of educational records; to establish the rights of students to inspect and review their education records; and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The law applies to any individual who is or has been in attendance at an institution *and* regarding whom the institution maintains educational records.

Once students have matriculated to MUHC EMS Education, i.e. enrolled in course work, FERPA rights transfer to the student, regardless of the student's age.

MUHC EMS Education will not release any educational records that are requested by the student or by any other individual without the express written consent of the student. This must be submitted in such a way as to ensure the identity of the student who is making the request. MUHC EMS Education reserves the right to verify the identity of the student requesting release of records in any manner, up to and including the physical presence of the student in MUHC EMS Education offices in order to ensure the integrity and security of student records.

I understand that failure to complete all items of this application, giving misinformation, or having an incomplete application on file will void my application for admission to the University of Missouri EMS Institute. Other information and documents submitted to University of Missouri EMS Institute as part of the application process are also considered part of my application. 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:** _____

NONDISCRIMINATION POLICY

University of Missouri Emergency Medical Services Institute prohibits discrimination and harassment in its admissions, educational programs, activities and employment regardless of race, color, gender, national and ethnic origin, religion, sexual orientation, disabilities that include HIV and AIDS and medical conditions, age, marital status, political affiliation, and veteran status. Bona fide occupational qualifications will be allowed in those instances where age or physical requirements apply to the appropriate and efficient administration of the position. Any person having inquiries concerning the University of Missouri's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 or other civil rights laws should contact the Assistant Vice Chancellor of [Human Resource Services](#)/Affirmative Action Officer, University of Missouri, 130 Heinkel Building, Columbia, MO 65211, (573) 882-4256; Director of MU Equity/Title IX Coordinator, University of Missouri, Memorial Union S303, Columbia, MO 65211, (573) 882-9069; or the Assistant Secretary for Civil Rights, U.S. Department of Education.

Email completed and signed form to : ems_education@health.missouri.edu

Questions? Contact EMS Education at 573-882-8018