2018
UMKC
PARAMEDIC
PROGRAM

Paramedic Application

Application Packet

Return to:

By Mail:
UMKC School of Medicine
EMS Education
2411 Holmes Street
Kansas City, MO 64108

Hand Deliver:
UMKC School of Medicine
Clinical Training Facility
2429 Charlotte Street
Kansas City, MO 64108

REGISTRATION DEADLINE: OCTOBER 1, 2017
Meeting Days and Times
The Paramedic program meets Mondays and Wednesdays from 1700 to 2200. Friday lab sessions are held from 1000 to 1430. The didactic phase of the program runs from January to December roughly following the UMKC academic year. Days may be adjusted from time-to-time based on program needs and educational opportunities that may arise.

Where are classes held?
The program is held at the UMKC School of Medicine Clinical Training Facility (on Charlotte Street at 24th Street, across from UMKC SOM).

How do I become a paramedic?
First, you must successfully complete the program. That involves attending class sessions and labs, successful performance on quizzes and exams, and maintaining an average of 80% to pass the didactic program. You must also have documented competence in required skills, complete clinical rotations with acceptable evaluations, and complete a field internship. Paramedic students must demonstrate acceptable professional behavior which will be evaluated at several points throughout the program. There is a capstone examination that all students are required to successfully pass before they exit the program. When the didactic portion of the program has been completed along with the majority of clinical, you will be cleared to participate in the National Registry Advanced Psychomotor (practical) examination. Upon successful completion of the practical exam, you will be declared “complete” from the program once the field internship and any remaining program requirements have been met. This will allow you to sit for the National Registry written examination which leads to national certification and state licensure upon successful completion.

How long does this take?
Paramedic school is not an overnight process. The didactic portion is approximately one year. Some students complete their field experience in six to eight weeks after didactic, others may take up to six months after didactics to complete the program. You should plan on 18 months from start to finish, and look for opportunities throughout the program to shorten the time requirement. We expect all Paramedic students to be complete with program requirements by July 31st of the year following their entry into the program.

How do I get in?
First, you must be a Missouri-licensed EMT, or have a National Registry EMT certification with the ability to obtain Missouri licensure. We are interested in seating a paramedic class that will be 100% successful. We do not feel that it serves yours, the programs, or the rest of the class’ interests to seat students in the class who will be unhappy or do not possess the ability to be successful. To this end, there is an admission process that involves a written application, a short essay (a few paragraphs) about your reasons for wanting admission, and references from friends, supervisors, or co-workers. We also administer a cognitive ability test that will help you and the program to predict your success in the program, and an EMT exam that gives us the ability to predict what BLS remediation needs the class will have as it moves forward. Finally, you will be required to attend an orientation and pre-program workshop. During this workshop, you will meet with representatives of the program and discuss the rigor to the Paramedic program.

What is the program text?
Caroline, *Emergency Care in the Streets*. There are several other texts used throughout the program in various specialty areas. As a registered student in our program, you will receive a coupon code that allows you to purchase the majority of the texts directly from the publisher at a discount. Of course, you may purchase texts in print or e-book format from any source that you choose.
What is the accepted attire for attending class and clinicals?
To promote professionalism, the UMKC EMS Education program has a uniform policy for its initial education programs (EMT and Paramedic). This consists of a navy blue polo shirt and navy blue uniform pants (EMT or Dickies-style), and black shoes. We do not allow jeans, tennis shoes, or departmental uniforms. You will be expected to be in the program uniform at all class sessions, clinical, and field shifts. The first uniform shirt is provided by the program. You may purchase additional shirts and outerwear. You are also required to provide personal use items such as a penlight, watch, and stethoscope.

What if I have to miss time from class?
We allow missed time of no more than 10% of any one section of the course, or 10% of the total course. You must carefully consider the impact of any time away from the course on your attendance requirements and your ability to be successful in the program. You will be expected to make up missed work and recover missed information from other members of your squad.

When do we do clinical?
Clinical experience is required in multiple areas including the Emergency Department, Intensive Care Units, and Labor and Delivery. Other specialty areas such as the Cardiovascular Lab, Burn Unit, and Respiratory Therapy are also required. Clinical shifts are scheduled by the student and completed outside of normal class time. You should expect to start clinical shifts several months into the program, and continue throughout the program. A linear program schedule is provided with a suggested level of clinical participation to keep you on track. The breaks provided during the program are also meant as clinical holidays to allow you an opportunity to catch up on clinicals and stay current.

Are there special requirements for clinical?
Yes. Clinical requirements are established by the clinical sites, not our program. We are guests in their facilities and are required to comply with their requirements. The requirements are subject to change as healthcare regulations and accreditation standards change. Generally, you must have liability insurance (often provided by employer sponsors), a clean criminal background check, a clean 10 panel drug screen from after the starting date of the program, and several immunizations or proof of immunity. A physical exam and TB testing will also be required.

When do we do field internship?
Field internship is the experience that the paramedic student receives with an emergency medical services agency. There is a certain amount of EMS experience that can be completed in the didactic phase of the program, but the paramedic internship is started at the end of the didactic phase. The goal of the paramedic internship is to provide you with the opportunity to perform as a paramedic under the close supervision of a preceptor.

How much time do we have to do?
There are minimum hours required (by state regulation) and skill requirements and goals. The program generally requires approximately 350 hours of clinical time, and 360 hours of field time. However, the UMKC program is competency-based, which means that each student is evaluated on their performance and level of competency when it comes to clinical hours, field shifts, and skill goals. Clinical hours and field shifts may be adjusted or extended based on the student’s ability to function as a competent, entry-level paramedic.

Can I earn college credit for this course?
The UMKC Paramedic program provides a certificate of completion that enables the participant to sit for the NREMT examination for Paramedic. Students who are seeking just the certificate of completion do not enroll in the University, and are not University students. Through an agreement with the UMKC College of Arts and Sciences PACE Program, participants in the Paramedic program may simultaneously enroll in the University and receive up to 14 credits towards a Bachelor degree. If you elect this option, you will also pay tuition and fees for the awarded credit to the College of Arts and Sciences.
EARNING COLLEGE CREDIT FOR THE UMKC PARAMEDIC PROGRAM AND ESTIMATED COSTS

Applicants to the UMKC Paramedic program have two options to consider when accepted into the program, Certificate of Achievement or as a credit-seeking student. It is important that applicants consider these options carefully, as retroactive credit once course work is completed is difficult to obtain from UMKC. There is also a requirement that each class is taken in sequence, so a participant may elect to earn credit for the first section of the course and stop, but cannot elect to take the subsequent classes in the series stand-alone for credit.

Certificate of Achievement

With this option, the student is NOT seeking college credit, and is participating in the program to earn a certificate of achievement. The certificate of achievement will allow him or her to participate in the national certification exam and achieve state licensure as a Paramedic, but conveys no further academic standing. The participant pays the program course fee to the School of Medicine, IS NOT considered a University student, and does not pay the standard university fees. Participants on this track do not have a university ID, university email, or access to certain facilities and services normally accessible by university students. All students in the Paramedic program DO have access to the libraries, medical media lab and guest computing resources at the School of Medicine, and may purchase student parking permits and affiliate membership at the Swinney Recreation Center.

Estimated Costs:
- Paramedic Program (Paid to Program) $4900.00
- Texts (@ coupon code price): $650.00
- Student Professional Liability Insurance: $150.00
- Clinical Scheduling Access: $80.00
- Clinical Health Requirements:** $250.00
- Uniforms:* $110.00
- Background Check and Drug Screen: $85.00
TOTAL: $6225.00

Credit-seeking Option

Through an arrangement with the College of Arts and Sciences, the participant first enrolls in the Paramedic program and pays the course fee to the School of Medicine. The participant then seeks admission to UMKC and enrolls in the appropriate INTGR course for the semester. The participant will pay UMKC the tuition and fees for the credits sought (i.e. 6 cr for the first semester) above and beyond the fees paid to the School of Medicine for the Paramedic program. The participant is considered an enrolled student of the University, and has access to all facilities and services offered to undergraduate students with a comparable credit load.

Estimated Costs:
- Paramedic Program (Paid to Program) $4900.00
- Texts (@ coupon code price): $650.00
- Student Professional Liability Insurance: $150.00
- Clinical Scheduling Access: $80.00
- Clinical Health Requirements:** $250.00
- Uniforms:* $110.00
- Background Check and Drug Screen: $85.00
- University Tuition and Fees (Full Program) $4624.80
TOTAL: $10849.80
- NREMT Written and Practical Exams (Post-course) $345.00

*Uniforms include shirts and outerwear which is provided to students at cost. Students are required to attend class in serviceable, presentable uniforms but are not mandated to purchase any minimum number. **This will vary by student depending upon current health status and availability of past vaccination records. An individual’s costs to meet requirements may be considerably more or less.
**APPLICATION FOR ADMISSION – UMKC School of Medicine PARAMEDIC PROGRAM**

**PERSONAL DATA**

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<th>Last Name</th>
<th>First Name</th>
<th>Middle Init</th>
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<th>Have you ever applied or been enrolled in a Paramedic program? [ ] YES [ ] NO</th>
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**EMPLOYMENT**

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**REQUIRED**

PLEASE ATTACH COPIES OF YOUR MISSOURI EMT LICENSE AND/OR NATIONAL REGISTRY CERTIFICATION ON PAGE 3
REFERENCES
Please provide the names and addresses of three (3) persons who have known you at least one year and have knowledge of your work record and responsibility. Do not list relatives or close friends. Please have them fill out the enclosed form after you sign it and seal it in an envelope. References may be submitted as part of this application, or may be returned by U.S. Mail to: UMKC School of Medicine, EMS Education, 2411 Holmes Street, Kansas City, MO, 64108. Please verify that your name is legible on each reference form.

<table>
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<th>Name</th>
<th>Address</th>
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<th>Business or Occupation</th>
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COMMUNITY INVOLVEMENT
Have you been, or are you presently a member of any clubs, organizations, schools, etc?  [ ] YES  [ ] NO
Please list any community organizations:

List awards, honors, citations or positions held in school or community organizations, athletic endeavors, continuing education and any other special recognitions you have received in recent years.

HEALTH CARE EXPERIENCE / CAREER OBSERVATION
Have you had any previous health care experience?  (Volunteer work, CNA, CMT, Health Services Assistant class, LPN, RN, etc.)  [ ] YES  [ ] NO  If yes, please explain.

FOR YOUR INFORMATION
CLINICAL SITES REQUIRE A CRIMINAL BACKGROUND CHECK PRIOR TO THE STUDENT ATTENDING ANY CLINICAL SHIFTS, AND THE DETERMINATION OF THE EFFECT OF A CRIMINAL CONVICTION ON A STUDENT’S ABILITY TO ATTEND CLINICAL IS AT THE SOLE DISCRETION OF THE CLINICAL SITE. A CRIMINAL RECORD OR HISTORY OF ADMINISTRATIVE ACTION MAY NEGATIVELY AFFECT THE STUDENT’S ABILITY TO COMPLETE THE CLINICAL REQUIREMENTS OF THE PROGRAM.

Emergency Services Section 190.165
In compliance with the Missouri Revised Statutes Chapter 190 Emergency Services Section 190.165, each applicant will be required to answer the questions below and others at the time of application for state licensure.
IF ANY OF THE QUESTIONS BELOW ARE ANSWERED YES, THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS AND THE MISSOURI BUREAU OF EMS WILL RULE WHETHER OR NOT THE APPLICANT MAY OBTAIN NATIONAL CERTIFICATION AND/OR RECEIVE A LICENSE AFTER COMPLETION OF THE PARAMEDIC PROGRAM. THE PROGRAM IS UNABLE TO ADVISE THE APPLICANT AS TO THE EFFECT OF AN AFFIRMATIVE RESPONSE TO THESE QUESTIONS ON THE ABILITY TO PARTICIPATE IN NATIONAL REGISTRY EXAMINATIONS OR OBTAIN STATE LICENSURE.

Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States, whether or not you received a suspended imposition of sentence for any criminal offence?
[ ] YES  [ ] NO (Check one—if yes, please explain on a separate sheet)

Have any administrative licensure actions ever been taken against your EMT license in Missouri or any other state?
[ ] YES  [ ] NO (Check one—if yes, please explain on a separate sheet)

I have read and understand the above information  __________ (initial) **REQUIRED**

Have you had any action taken against you by a state or federal agency in relation to healthcare fraud, or have you been barred from participation in any state or federal healthcare program (i.e. Medicare/Medicaid)?
[ ] YES  [ ] NO (Check one—if yes, please explain on a separate sheet)

Have you applied for, tested for a position, or are currently on a hiring list with a fire department, applied for medical school or any other program or position that will affect your ability to complete the program?
[ ] YES  [ ] NO (Check one—if yes, please explain on a separate sheet)
EMT LICENSE AND NATIONAL REGISTRY CERTIFICATION
YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS PAGE BEING COMPLETE

You must have a Missouri EMT or EMT-I license and/or National Registry EMT or AEMT certification to apply for the Paramedic program. You must have a Missouri EMT license to start the program. Applicants who have recently completed an EMT program and are in the final certification process may apply for admission on a conditional, space available basis.

Please attach a copy of your current MISSOURI Emergency Medical Technician or EMT-Intermediate license in the space below:

[Space for Missouri EMT license]

Attach your MISSOURI EMT or EMT-I license here.

AND/OR

Please attach a copy of your NREMT Emergency Medical Technician or Advanced EMT certification in the space below:

[Space for NREMT certification]

Attach your NREMT EMT or AEMT certification card here.

OR

_______ Initial here if you have completed an EMT course and are in the process of completing your NREMT and state licensure requirements. By checking this box, you understand that your application and admission, if offered, will be conditional upon successfully obtaining your NREMT certification and Missouri EMT licensure.
CLINICAL EXPERIENCE ENTRY REQUIREMENTS
I have read the attached requirements for entry into the clinical setting which is a requirement of the program. I understand that these requirements may be submitted any time after I have accepted a seat in the program, and that they must be completed no later than the end of the third week of class in order to remain in the program. I further understand that these requirements are determined by the clinical sites, and may be modified by the clinical sites at any time, and that failure to meet the modified requirements may lead to my inability to complete the clinical phase of the program.

__________________________________________________         _________________________
Signature (DO NOT PRINT)            Date

WAIVER
Personal references are given with assurance of confidentiality. For this reason, we are requesting the following waiver agreement be signed. This is necessary in order to comply with the Federal Law PL93-380, regarding confidential letters and statements of recommendation submitted by references on your behalf.

AGREEMENT
I hereby waive my right to see the personal/professional letters of recommendation from the people I have listed as references on my application for admission to the UMKC Paramedic Education Program.

__________________________________________________         __________________________
Signature (DO NOT PRINT)           Date

I do give my permission for the selection committee to have full access to this confidential information in the admission process.

__________________________________________________         ___________________________
Signature (DO NOT PRINT)           Date

UNIVERSITY CREDIT
You may apply to UMKC as a credit-seeking student for the purpose of earning UMKC college credit for this program. University tuition and fees will apply for the credits, and are separate from the Paramedic program fees. This election must be made in advance as gaining retroactive credit from UMKC may be difficult. You must also apply to UMKC as a student no later than November 1st. Please check below if you intend to seek UMKC credit for this program:

[ ] YES, I intend to seek UMKC college credit for my participation in this program. I have read the information sheet on obtaining credit, and I understand that additional charges from the University will apply.

FINANCIAL RESPONSIBILITY
The tuition for the Paramedic program is $4,900.00. In addition, there are other costs that are detailed in the financial disclosure information that was included as part of this application package. I have considered these costs and have a financial plan and resources to pay for the cost of attending this program.

___________________________________________________     ____________________________
Signature (DO NOT PRINT)      Date

CERTIFICATION OF FACTS
I have given true, accurate and complete information on this application to the best of my knowledge. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student.

__________________________________________________         _________________________
Signature (DO NOT PRINT)            Date
Why do you want to become a Paramedic?
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What are your expectations of a Paramedic program?
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The person named below has applied for admission to the Paramedic education program at the UMKC School of Medicine, and is requesting a personal reference from you. Please complete the form below and return it to the applicant in a sealed envelope, or you may mail it to the above address. Feel free to enter any additional comments in the space on the reverse of this form.

Thank you.

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**Printed Name of Applicant**  
**Signature of Applicant**

1. How long have you known the applicant?  
2. In what relationship have you known the applicant?

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<th>CHECK OR COMMENT IN APPROPRIATE BOX:</th>
<th>EXCEPTIONAL</th>
<th>SATISFACTORY</th>
<th>SATISFACTORY WITH QUALIFICATION</th>
<th>UNSATISFACTORY</th>
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<td>DEPENDABILITY:</td>
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<td>Able to show a pattern of consistent attendance and punctuality</td>
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<td>COOPERATION:</td>
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<td>Able to interact in a team effort effectively</td>
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<td>Ability to work independently and begin work unsupervised</td>
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<td>CAPABLE:</td>
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<td>Able to demonstrate mastery of job skills and make decisions that meet employer’s expectations</td>
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<td>COMMUNICATIONS:</td>
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<td>Able to relate concepts and facts in a positive and tactful manner</td>
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<td>ADAPTABILITY:</td>
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**Name and Title (Print):** ____________________________  
**Phone:** ____________________________

**Place of Business:** ____________________________

**Address:** ____________________________

**Signature:** ____________________________  
**Date:** ____________________________

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*May 2015*
DEFINITIONS OF PERFORMANCE RATING

**Exceptional:** Exceeds Satisfactory
   This person consistently exceeds requirements / expectations.

**Satisfactory:** Adequate
   This person fulfills all the requirements / expectations.

**Satisfactory with Qualifications:**
   This person meets requirements / expectations a portion of the time: meets the minimal requirements / expectations.

**Unsatisfactory:**
   This person does not meet requirements / expectations.
UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE – EMS EDUCATION PROGRAM
2411 HOLMES STREET
KANSAS CITY, MO 64108

APPLICANT'S PERSONAL REFERENCE

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Thank you.

_______________________________________________      _______________________________________________
Printed Name of Applicant                                                                   Signature of Applicant

1. How long have you known the applicant?   ___________________

2. In what relationship have you known the applicant? ___________________________________________________________

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Name and Title (Print):  _______________________________________________________    Phone:  ________________________

Place of Business:  _________________________________________________ ________________________________________

Address:  _______________________________________________________________ ________________________________________

Signature:  ________________________________________    Date:  ____________________

May 2015
DEFINITIONS OF PERFORMANCE RATING

**Exceptional:** Exceeds Satisfactory
   This person consistently exceeds requirements / expectations.

**Satisfactory:** Adequate
   This person fulfills **all** the requirements / expectations.

**Satisfactory with Qualifications:**
   This person meets requirements / expectations a portion of the time: meets the minimal requirements / expectations.

**Unsatisfactory:**
   This person does not meet requirements / expectations.
The person named below has applied for admission to the Paramedic education program at the UMKC School of Medicine, and is requesting a personal reference from you. Please complete the form below and return it to the applicant in a sealed envelope, or you may mail it to the above address. Feel free to enter any additional comments in the space on the reverse of this form.

Thank you.

Printed Name of Applicant ___________________________ Signature of Applicant ___________________________

1. How long have you known the applicant? ___________________

2. In what relationship have you known the applicant? ___________________________________________________________

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CHECKLIST FOR PARAMEDIC APPLICANTS

**PRE-REQUISITES:**

- □ At least 18 years of age.
- □ High school diploma or GED.
- □ Valid Missouri EMT-B license and/or current NREMT EMT certification
- □ Computer access, with internet access, email, and printer for homework

**SUBMIT TO THE PROGRAM WITH YOUR APPLICATION:**

- □ Completed application *including essays*
- □ Three letters of reference
  (If your references gave you completed forms in a sealed envelope. If your references are mailing their forms, you DO NOT need to have all three references in hand to submit the application.)
- □ Program orientation date (orange form)
- □ Copy of your current Missouri EMT license and/or National Registry EMT certification attached to Page 3.
- □ Attach a copy of your high school diploma or GED.
- □ $100 registration fee
  (check, cash, or money order – Make payable to UMKC School of Medicine)
- □ *If you are planning to take the course for UMKC college credit, apply for admission to UMKC NO LATER THAN NOVEMBER 1st.* ([http://www.umkc.edu/apply/index.cfm](http://www.umkc.edu/apply/index.cfm))

**AFTER YOU ARE ACCEPTED:**

- □ Notify the program that you are planning to attend the course. Once you confirm your intent to attend the course, you will receive an invoice from UMKC for $500.
- □ Make your payment of $500 to secure your seat according to the instructions on the invoice.
- □ Obtain course required criminal background check no later than the third week of class*
- □ Obtain a 10-panel drug test no later than the third week of class*
- □ Submit clinical health documentation no later than the third week of class*

*Instructions will be provided in your acceptance letter.