



Kansas City Kansas Community College  
EMERGENCY MEDICAL Education  
7250 State Ave., Kansas City, Kansas  
66112

**Please return this form and supporting documentation to:**  
**Jeff Smith**  
Director, Emergency Medical Education  
[jsmith@kckcc.edu](mailto:jsmith@kckcc.edu) Office: 913.288.7208

☐ Approved  
☐ Denied  
\_\_\_\_\_  
Initials

### Emergency Medical Responder (EMTC 0105) Pre-Requisite Waiver Request

Name: \_\_\_\_\_ Email: \_\_\_\_\_

KCKCC Student #: \_\_\_\_\_ Phone: \_\_\_\_\_

Which semester/year do you plan to enroll in EMT (EMTC 0128): \_\_\_\_\_

(NOTE: The waiver is only applicable for the semester/year listed on the request form).

EMTC 0105 Waivers are only issued in specific situations. Please select the FIRST APPLICABLE of the following categories for the waiver. (i.e. If you have a degree - select option 1, even if you also meet the criteria for 3 based on work experience.)

☐ **1. Earned College Degree:**

**Criterion:** Associate degree or higher from accredited college or university in a healthcare field (minimum GPA of 2.5).

**Required Documentation:** 1. Unofficial transcripts, photocopy of the degree. 2. CPR Card. Please e-mail with Request.

☐ **2. Equivalent Course Work:**

**Criterion:** Previously completed coursework that meets or exceeds the EMR educational standard. An example would be previous completion of EMR/EMT and the certification has lapsed. Some military courses such as Combat Life Saver, Outdoor Emergency Care Course will also meet this requirement. Course completion of CNA/CMA, Lifeguard, or CPR alone **is not equivalent** course work.

**Required Documentation:** 1. Copy of expired certification EMT, EMR, FR, EMT-B card. Military course records. Or Unofficial transcript for EMR, FR, EMT, etc. Other courses documentation of course and curriculum. Please e-mail with Request.

☐ **3. Equivalent Experience:**

**Criterion:** Another health care certification/license and 1 year (or 2000 hours) of work experience in an acute care provider role.

**Required Documentation:** 1. Copy of credential and 2. Letter from employer with position, duties, and approximate time in that role. Please e-mail with Request.

### Statement of Understanding

I understand that the EME department **recommends completion of the EMTC 0105 prerequisite course for ALL students**. This recommendation is based ensuring student success in EMTC 0128. I understand that even though I may qualify for an EMTC 0105 waiver it **may not** be in my best interest for success. Taking the waiver path **may place me at an academic disadvantage** compared to those students who have completed EMTC 0105. I also understand **I MUST have/obtain an AHA CPR HCP certification card within 2 weeks after class starts and does not expire before the last date of the class.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date