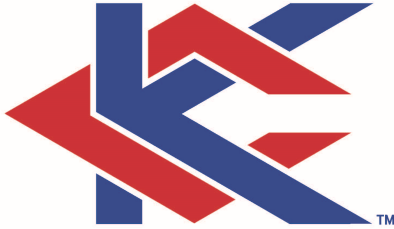


# Paramedic Application

For the Cohort of

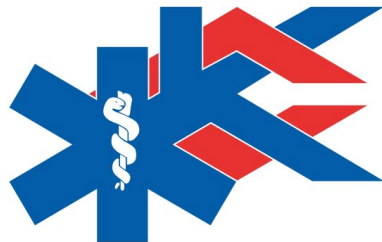
2022-2024



**Kansas City Kansas  
Community College™**

**“We Create Our Future”**

**EMERGENCY MEDICAL  
KANSAS CITY KANSAS**



**COMMUNITY COLLEGE  
EDUCATION**



**Kansas City Kansas  
Community College**

## **Paramedic Program Description**

The course is designed to prepare certified Emergency Medical Technicians to provide advanced assessment, care, transport and communication requirements of the sick and injured in the out of hospital setting. After successful completion, the student will meet eligibility requirements to challenge the National Registry certification examination for Paramedics.

### **Pre-requisites: Current Kansas EMT certification, Anatomy/Physiology, Intermediate Algebra**

Didactic training is scheduled during the day or evening, including labs and simulation. Clinical time is set up according hospital criteria, student's individual schedule with day, evening and some weekend shifts available. All clinical shifts are completed in the fall semester of the second year. Field Internships with local fire departments and EMS transport services will be scheduled throughout the spring semester of the second year with weekend shifts available. Successful completion of the course requires each student to meet Kansas Board of EMS requirements, program requirements and CoAEMSP accreditation requirements.

The Kansas City Kansas Community College Paramedic Program is approved by the Kansas Board of EMS, Commission on Accreditation of Allied Health Education Programs and the Committee on the Accreditation of Educational Programs for the EMS Professions.

### **Application Checklist:**

- ☐ Three recommendations requested (use forms provided)
- ☐ Copy of your college transcripts
- ☐ Copy of driver's license
- ☐ Resume
- ☐ Completed Health Forms and ALL Immunization Records
- ☐ Copy of military discharge & medical MOS paperwork, if applicable
- ☐ Completed application

**Submit application materials to:** Jeff Smith, MS, RN, Paramedic  
Director, Emergency Medical Education Department  
Kansas City Kansas Community College  
7250 State Avenue  
Kansas City, KS 66112  
  
email. [jsmith@kckcc.edu](mailto:jsmith@kckcc.edu)  
tel. 913.288.7208



**Application Deadline: May 31, 2022**

"We Create Our Future"

Kansas City Kansas Community College  
7250 State Avenue  
Kansas City, KS 66112  
913-288-7208 or 913-288-7175

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City ST Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ KCKCC Student ID # \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## ACADEMIC RECORD

	Name & Address of School	Dates of Attendance	Major	Did you graduate?	Degree Received
High School / GED					
College					
Vocational / Technical					
Other					
EMT Education					

EMT Certification	Yes / No	Expiration Date	Certification/License #
National Registry			
Kansas			
Missouri			
Other state _____			

## PRE-REQUISITE EDUCATION

There are a number of courses required for admission to the KCKCC Paramedic Program. Please indicate below how you have met them.

	School	Semester & Year Taken	Grade Received
Anatomy & Physiology or Anatomy / Lab and Physiology / Lab (must be completed prior to the start of the program)			
Composition I			
Interpersonal Communications or Public Speaking			
Social Science Elective  _____			
MATH 0104 – Intermediate Algebra or Higher Level of Math (must be completed prior to the start of the program)			

**\*\*\*Please include copies of ALL college transcripts with this application. Official copies of all college transcripts should ALSO be sent directly to the Registrar's Office of Kansas City Kansas Community College if they have not already been sent.**

---

## MILITARY EXPERIENCE

Rate and Rank \_\_\_\_\_ Branch \_\_\_\_\_

Dates (from – to) \_\_\_\_\_ Specialty \_\_\_\_\_

**\*\*\*Attach a copy of your discharge status papers. Also attach copies of any medical MOS training certificates that you have completed.**

## EMPLOYMENT EXPERIENCE

Please attach a current resume.

(Highlight in the space below any EMS or Fire experience.)

---

## CRIMINAL BACKGROUND

Have you ever been convicted of a misdemeanor crime against a person? Yes / No  
If yes, please provide details on a separate sheet of paper.

Have you ever been convicted of a felony of any type? Yes / No  
If yes, please provide details on a separate sheet of paper.

Have you ever been convicted of a crime in a military court? Yes / No  
If yes, please provide details on a separate sheet of paper.

If selected for a position in the program, you will be required to initiate an FBI criminal history clearance. Students are not automatically excluded from consideration if they have been convicted of a crime. Their suitability for program inclusion will be evaluated based on the totality of circumstances such as nature of crime, time since, conviction, etc. Convictions of a felonious nature could impact decisions made by the Kansas Board of EMS to certify/license a person as an EMT-P.

---

## DRIVER'S LICENSE

A valid driver's license is necessary. Should you be selected for admission, you will be asked to provide a copy of your driver's license. Employment opportunities may be severely limited with a significant driving record. A significant driving record consists of having multiple moving violations, accidents, or DUI's in the past three years.

Do you have a driver's license? Yes No

Does your driver's record include moving violations, accidents or DUI's in the past three years? Yes No

---

## Other

Do you have a physical handicap or disability that may require special provisions?	Yes	No
Have you ever been addicted to any chemical substance?	Yes	No
Have you had any disciplinary action brought against you in connection with EMS?	Yes	No
Have you previously attended a paramedic course?	Yes	No

*If yes, please provide contact information (program name, phone number/ contact person/date)*

**If the answer to any of the above questions is “Yes” please attach documentation of the circumstances.**

---

## REFERENCES

Please find attached three forms for distribution to your designated references. All forms are to be returned **directly** to Jeff Smith, Director, Emergency Medical Education Department, Kansas City Kansas Community College, 7250 State Avenue, Kansas City, KS 66112. References returned with this application will not be accepted, except in sealed envelopes from the reference. Please indicate below whom you have asked to provide references for you. DO NOT use relatives!

Name / Position	Address	Telephone

Please provide brief responses to the following questions. **Make sure that your answers are written legibly and in complete sentences.**

1. Why do you want to become a paramedic?
2. What are your immediate career goals upon graduation?
3. What are your long-range goals?

4. How did you learn about KCKCC's Paramedic Program?

5. Why did you choose to apply to KCKCC's Paramedic Program?

Kansas City Kansas Community College is committed ***to an appreciation of diversity with respect for the differences among the diverse groups comprising our students, faculty, and staff that is free of bigotry and discrimination.*** Kansas City Kansas Community College is committed to providing ***a multi-cultural education and environment that reflects and respects diversity and that seeks to increase understanding.***

**KCKCC Paramedic Program**  
**Affidavit and Authorization to Investigate/Hold Harmless**

I attest that all of the facts, dates, and information that I have provided the Paramedic Program by virtue of this application, attachments, and oral statements are true. In submitting an application for admission, I authorize the investigation of all statements contained in it, and, it is understood and agreed that any misrepresentation by me may result in cancellation of my application and/or termination from the program.

If accepted, I will provide, at my expense, proof of a recent (within the past two years) health evaluation certifying my fitness for the program. I will also provide verification of health insurance coverage, immunizations, an FBI criminal background check, and a valid driver's license.

I authorize Kansas City Kansas Community College to make any and all necessary and appropriate investigations to verify information given by me and to examine my fitness for participation in Kansas City Kansas Community College's Paramedic Program. I understand that these investigations may include my criminal background, references, and any other material applicable. I hereby agree to release, defend, indemnify, and hold harmless, any person, company, or corporation as to any and all claims arising due to their supplying information pertaining to my suitability for application to KCKCC.

I understand that my admission to the Paramedic Program is conditional and that I can be dismissed for cause. Such cause includes, but is not limited to, my failure to adhere to program rules, guidelines, or policies and procedures; any criminal activity which would render me ineligible to complete clinical or field internship requirements; or my failure to maintain an 75% average during the course of the program.

I give permission for the Kansas City Kansas Community College, Emergency Medical Education Department faculty and staff to use photos, videos and like for the use of communicating, recruiting and promotion of the College and program on the College website, publications and social media.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## Kansas City Kansas Community College Emergency Medical Education

### Recommendation and Appraisal For the Paramedic Program

	<p><b>This section to be completed by the applicant:</b></p> <p>The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.</p> <p> <input type="checkbox"/> I do waive         <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation       </p>		
<p>Signature _____ Date _____</p>			
<p><b>Statement Concerning:</b></p>			
<p>Applicants Name _____</p>			
	First	MI	Last

**To be completed by person serving as reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
include area code

Length of time you have known applicant: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_  
mm/yy mm/yy

Capacity in which you have known applicant (check all that apply):

<input type="checkbox"/> As a professional colleague	<input type="checkbox"/> Only casually
<input type="checkbox"/> As a student	<input type="checkbox"/> Other _____
<input type="checkbox"/> As an employee	

Please check ONE statement in each category that best represents this applicant	
<p><b>1. Learning Skills</b></p> <p><input type="checkbox"/> Very slow to grasp subject/work requirements; memorizes with little understanding.</p> <p><input type="checkbox"/> Needs to exert extra effort to demonstrate minimal understanding or subject/work requirements.</p> <p><input type="checkbox"/> Is above average in understanding subject/work requirements.</p> <p><input type="checkbox"/> Quick to grasp subject/work requirements.</p> <p><input type="checkbox"/> Not able to judge.</p>	<p><b>3. Written Communications Skills</b></p> <p><input type="checkbox"/> Unable to express ideas clearly in writing.</p> <p><input type="checkbox"/> Has some trouble with logical order &amp; grammar/punctuation.</p> <p><input type="checkbox"/> Uses correct grammar &amp; punctuation but has trouble with logical order.</p> <p><input type="checkbox"/> Express ideas logically &amp; succinctly in writing most of the time.</p> <p><input type="checkbox"/> Outstanding in the written expression of ideas.</p> <p><input type="checkbox"/> Not able to judge.</p>
<p><b>2. Intellectual Curiosity and Innovativeness</b></p> <p><input type="checkbox"/> A follower; accepts things as they are.</p> <p><input type="checkbox"/> Rarely asks meaningful questions or generates new ideas.</p> <p><input type="checkbox"/> Raises some questions &amp; tries to set forth new ideas.</p> <p><input type="checkbox"/> Intellectually curious; frequently generates new ideas.</p> <p><input type="checkbox"/> Outstanding ability to generate new ideas, great intellectual curiosity.</p> <p><input type="checkbox"/> Not able to judge.</p>	<p><b>4. Oral Communications Skills</b></p> <p><input type="checkbox"/> Inarticulate; ideas not presented clearly.</p> <p><input type="checkbox"/> Weak in oral skills including command of language &amp; articulation.</p> <p><input type="checkbox"/> Articulates fairly well but order of ideas is not always logical.</p> <p><input type="checkbox"/> Good in articulating ideas clearly and logically.</p> <p><input type="checkbox"/> Very articulate; outstanding command of language</p> <p><input type="checkbox"/> Not able to judge.</p>

<b>5. Sensitivity to Others</b> <input type="checkbox"/> No concern for ideas or needs of others, antagonistic <input type="checkbox"/> Has trouble being respectful of other's ideas or needs; rarely tactful. <input type="checkbox"/> Tends to be respectful of others ideas and needs. <input type="checkbox"/> Usually considerate and tactful. <input type="checkbox"/> Very alert and tactfully responsive to others' needs & ideas. <input type="checkbox"/> Not able to judge.	<b>10. Accountability</b> <input type="checkbox"/> Projects blame on others as reason for own actions. <input type="checkbox"/> Gives excuses for own actions. <input type="checkbox"/> In general accepts responsibility for own actions. <input type="checkbox"/> Nearly always accepts responsibility for own actions. <input type="checkbox"/> Thoroughly accountable for own actions. <input type="checkbox"/> Not able to judge.
<b>6. Group Skills</b> <input type="checkbox"/> Never contributes toward group goals. <input type="checkbox"/> Interferes with attainment of group goals. <input type="checkbox"/> Has some difficulty as a member/leader of group. <input type="checkbox"/> Often regarded as a constructive group member/leader by peers. <input type="checkbox"/> Very effective as a leader/member in assisting group toward constructive goals. <input type="checkbox"/> Not able to judge.	<b>11. Response to Stressful Situations</b> <input type="checkbox"/> Remains withdrawn, angry, confused, unrealistic, or depressed when under pressure. <input type="checkbox"/> Has difficulty proceeding constructively. <input type="checkbox"/> Tries to proceed constructively, occasionally is withdrawn or angry. <input type="checkbox"/> Self-controlled, rarely loses temper or withdrawn. <input type="checkbox"/> Extremely well-balanced. <input type="checkbox"/> Not able to judge.
<b>7. Reliability</b> <input type="checkbox"/> Neglects following through with obligations/appointments. <input type="checkbox"/> Work is incomplete, carelessly done. <input type="checkbox"/> Completes work carefully but with prodding. <input type="checkbox"/> Meets obligations independently most of the time. <input type="checkbox"/> Thoroughly reliable; needs no supervision. <input type="checkbox"/> Not able to judge.	<b>12. Ability to Make Decisions</b> <input type="checkbox"/> Totally indecisive. <input type="checkbox"/> Has difficulty analyzing problems and arriving at decisions. <input type="checkbox"/> Analyzes a situation correctly but has difficulty deciding on a course of action. <input type="checkbox"/> Generally competent in making decisions and taking actions on them. <input type="checkbox"/> Excellent in considering consequences of decisions and taking appropriate action. <input type="checkbox"/> Not able to judge.
<b>8. Physical Abilities</b> <input type="checkbox"/> Low level of energy, easily tires. <input type="checkbox"/> Average capability physically; capable of normal 8-hour demands. <input type="checkbox"/> Can withstand rigors of accelerated program including long hours and strenuous physical demands. <input type="checkbox"/> Not able to judge.	<b>13. Tolerant of Ambiguity</b> <input type="checkbox"/> Always requires excessive detail of assignments/exams in order to meet supervisor/instructor assignments. <input type="checkbox"/> Is uncomfortable in less structured situations; seeks guidance inappropriately. <input type="checkbox"/> Attempts to function with less structure and seeks guidance appropriately. <input type="checkbox"/> Usually can function comfortable in less structured situations. <input type="checkbox"/> Functions very effectively and comfortable without a rigidly defined, externally imposed structure. <input type="checkbox"/> Not able to judge.
<b>9. Perseverance</b> <input type="checkbox"/> Gives up without trying. <input type="checkbox"/> Becomes discouraged easily when working towards goals. <input type="checkbox"/> Works on goals which are easily attainable but avoids difficult goals. <input type="checkbox"/> Works towards most goals until achieved. <input type="checkbox"/> Is always persistent in pursuing all goals. <input type="checkbox"/> Not able to judge.	<b>My over all evaluation of this person as an applicant is:</b> <input type="checkbox"/> Strongly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with Reservation <input type="checkbox"/> Do No Recommend <input type="checkbox"/> Undecided <i>Additional comments may be appended. Thank you.</i>
Briefly explain any decisions other than "Strongly Recommend") <hr/> Signature: _____ Date: _____	

Return to: Jeff Smith, Director, Emergency Medical Education Department  
 Kansas City Kansas Community College, 7250 State Avenue, Kansas City, KS 66112



# Kansas City Kansas Community College

## Emergency Medical Education

### Recommendation and Appraisal For the Paramedic Program

	<p><b>This section to be completed by the applicant:</b></p> <p>The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.</p> <p> <input type="checkbox"/> I do waive         <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation       </p>		
<p>Signature _____ Date _____</p>			
<p><b>Statement Concerning:</b></p>			
<p>Applicants Name _____</p>			
	First	MI	Last

**To be completed by person serving as reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
include area code

Length of time you have known applicant: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/yy mm/yy

Capacity in which you have known applicant (check all that apply):

<input type="checkbox"/> As a professional colleague	<input type="checkbox"/> Only casually
<input type="checkbox"/> As a student	<input type="checkbox"/> Other _____
<input type="checkbox"/> As an employee	

Please check ONE statement in each category that best represents this applicant	
<p><b>1. Learning Skills</b></p> <p><input type="checkbox"/> Very slow to grasp subject/work requirements; memorizes with little understanding.</p> <p><input type="checkbox"/> Needs to exert extra effort to demonstrate minimal understanding or subject/work requirements.</p> <p><input type="checkbox"/> Is above average in understanding subject/work requirements.</p> <p><input type="checkbox"/> Quick to grasp subject/work requirements.</p> <p><input type="checkbox"/> Not able to judge.</p>	<p><b>3. Written Communications Skills</b></p> <p><input type="checkbox"/> Unable to express ideas clearly in writing.</p> <p><input type="checkbox"/> Has some trouble with logical order &amp; grammar/punctuation.</p> <p><input type="checkbox"/> Uses correct grammar &amp; punctuation but has trouble with logical order.</p> <p><input type="checkbox"/> Express ideas logically &amp; succinctly in writing most of the time.</p> <p><input type="checkbox"/> Outstanding in the written expression of ideas.</p> <p><input type="checkbox"/> Not able to judge.</p>
<p><b>2. Intellectual Curiosity and Innovativeness</b></p> <p><input type="checkbox"/> A follower; accepts things as they are.</p> <p><input type="checkbox"/> Rarely asks meaningful questions or generates new ideas.</p> <p><input type="checkbox"/> Raises some questions &amp; tries to set forth new ideas.</p> <p><input type="checkbox"/> Intellectually curious; frequently generates new ideas.</p> <p><input type="checkbox"/> Outstanding ability to generate new ideas, great intellectual curiosity.</p> <p><input type="checkbox"/> Not able to judge.</p>	<p><b>4. Oral Communications Skills</b></p> <p><input type="checkbox"/> Inarticulate; ideas not presented clearly.</p> <p><input type="checkbox"/> Weak in oral skills including command of language &amp; articulation.</p> <p><input type="checkbox"/> Articulates fairly well but order of ideas is not always logical.</p> <p><input type="checkbox"/> Good in articulating ideas clearly and logically.</p> <p><input type="checkbox"/> Very articulate; outstanding command of language</p> <p><input type="checkbox"/> Not able to judge.</p>

<b>5. Sensitivity to Others</b> <input type="checkbox"/> No concern for ideas or needs of others, antagonistic <input type="checkbox"/> Has trouble being respectful of other's ideas or needs; rarely tactful. <input type="checkbox"/> Tends to be respectful of others ideas and needs. <input type="checkbox"/> Usually considerate and tactful. <input type="checkbox"/> Very alert and tactfully responsive to others' needs & ideas. <input type="checkbox"/> Not able to judge.	<b>10. Accountability</b> <input type="checkbox"/> Projects blame on others as reason for own actions. <input type="checkbox"/> Gives excuses for own actions. <input type="checkbox"/> In general accepts responsibility for own actions. <input type="checkbox"/> Nearly always accepts responsibility for own actions. <input type="checkbox"/> Thoroughly accountable for own actions. <input type="checkbox"/> Not able to judge.
<b>6. Group Skills</b> <input type="checkbox"/> Never contributes toward group goals. <input type="checkbox"/> Interferes with attainment of group goals. <input type="checkbox"/> Has some difficulty as a member/leader of group. <input type="checkbox"/> Often regarded as a constructive group member/leader by peers. <input type="checkbox"/> Very effective as a leader/member in assisting group toward constructive goals. <input type="checkbox"/> Not able to judge.	<b>11. Response to Stressful Situations</b> <input type="checkbox"/> Remains withdrawn, angry, confused, unrealistic, or depressed when under pressure. <input type="checkbox"/> Has difficulty proceeding constructively. <input type="checkbox"/> Tries to proceed constructively, occasionally is withdrawn or angry. <input type="checkbox"/> Self-controlled, rarely loses temper or withdrawn. <input type="checkbox"/> Extremely well-balanced. <input type="checkbox"/> Not able to judge.
<b>7. Reliability</b> <input type="checkbox"/> Neglects following through with obligations/appointments. <input type="checkbox"/> Work is incomplete, carelessly done. <input type="checkbox"/> Completes work carefully but with prodding. <input type="checkbox"/> Meets obligations independently most of the time. <input type="checkbox"/> Thoroughly reliable; needs no supervision. <input type="checkbox"/> Not able to judge.	<b>12. Ability to Make Decisions</b> <input type="checkbox"/> Totally indecisive. <input type="checkbox"/> Has difficulty analyzing problems and arriving at decisions. <input type="checkbox"/> Analyzes a situation correctly but has difficulty deciding on a course of action. <input type="checkbox"/> Generally competent in making decisions and taking actions on them. <input type="checkbox"/> Excellent in considering consequences of decisions and taking appropriate action. <input type="checkbox"/> Not able to judge.
<b>8. Physical Abilities</b> <input type="checkbox"/> Low level of energy, easily tires. <input type="checkbox"/> Average capability physically; capable of normal 8-hour demands. <input type="checkbox"/> Can withstand rigors of accelerated program including long hours and strenuous physical demands. <input type="checkbox"/> Not able to judge.	<b>13. Tolerant of Ambiguity</b> <input type="checkbox"/> Always requires excessive detail of assignments/exams in order to meet supervisor/instructor assignments. <input type="checkbox"/> Is uncomfortable in less structured situations; seeks guidance inappropriately. <input type="checkbox"/> Attempts to function with less structure and seeks guidance appropriately. <input type="checkbox"/> Usually can function comfortable in less structured situations. <input type="checkbox"/> Functions very effectively and comfortable without a rigidly defined, externally imposed structure. <input type="checkbox"/> Not able to judge.
<b>9. Perseverance</b> <input type="checkbox"/> Gives up without trying. <input type="checkbox"/> Becomes discouraged easily when working towards goals. <input type="checkbox"/> Works on goals which are easily attainable but avoids difficult goals. <input type="checkbox"/> Works towards most goals until achieved. <input type="checkbox"/> Is always persistent in pursuing all goals. <input type="checkbox"/> Not able to judge.	<b>My over all evaluation of this person as an applicant is:</b> <input type="checkbox"/> Strongly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with Reservation <input type="checkbox"/> Do No Recommend <input type="checkbox"/> Undecided <i>Additional comments may be appended. Thank you.</i>
Briefly explain any decisions other than "Strongly Recommend") <hr/> Signature: _____ Date: _____	

**Return to: Jeff Smith, Director, Emergency Medical Education Department,  
Kansas City Kansas Community College, 7250 State Avenue, Kansas City, KS 66112**



# Kansas City Kansas Community College

## Emergency Medical Education

### Recommendation and Appraisal For the Paramedic Program

	<p><b>This section to be completed by the applicant:</b></p> <p>The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.</p> <p> <input type="checkbox"/> I do waive         <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation       </p>		
<p>Signature _____ Date _____</p>			
<p><b>Statement Concerning:</b></p>			
<p>Applicants Name _____</p>			
	First	MI	Last

**To be completed by person serving as reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
include area code

Length of time you have known applicant: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/yy mm/yy

Capacity in which you have known applicant (check all that apply):

<input type="checkbox"/> As a professional colleague	<input type="checkbox"/> Only casually
<input type="checkbox"/> As a student	<input type="checkbox"/> Other _____
<input type="checkbox"/> As an employee	

Please check ONE statement in each category that best represents this applicant	
<p><b>1. Learning Skills</b></p> <p><input type="checkbox"/> Very slow to grasp subject/work requirements; memorizes with little understanding.</p> <p><input type="checkbox"/> Needs to exert extra effort to demonstrate minimal understanding or subject/work requirements.</p> <p><input type="checkbox"/> Is above average in understanding subject/work requirements.</p> <p><input type="checkbox"/> Quick to grasp subject/work requirements.</p> <p><input type="checkbox"/> Not able to judge.</p>	<p><b>3. Written Communications Skills</b></p> <p><input type="checkbox"/> Unable to express ideas clearly in writing.</p> <p><input type="checkbox"/> Has some trouble with logical order &amp; grammar/punctuation.</p> <p><input type="checkbox"/> Uses correct grammar &amp; punctuation but has trouble with logical order.</p> <p><input type="checkbox"/> Express ideas logically &amp; succinctly in writing most of the time.</p> <p><input type="checkbox"/> Outstanding in the written expression of ideas.</p> <p><input type="checkbox"/> Not able to judge.</p>
<p><b>2. Intellectual Curiosity and Innovativeness</b></p> <p><input type="checkbox"/> A follower; accepts things as they are.</p> <p><input type="checkbox"/> Rarely asks meaningful questions or generates new ideas.</p> <p><input type="checkbox"/> Raises some questions &amp; tries to set forth new ideas.</p> <p><input type="checkbox"/> Intellectually curious; frequently generates new ideas.</p> <p><input type="checkbox"/> Outstanding ability to generate new ideas, great intellectual curiosity.</p> <p><input type="checkbox"/> Not able to judge.</p>	<p><b>4. Oral Communications Skills</b></p> <p><input type="checkbox"/> Inarticulate; ideas not presented clearly.</p> <p><input type="checkbox"/> Weak in oral skills including command of language &amp; articulation.</p> <p><input type="checkbox"/> Articulates fairly well but order of ideas is not always logical.</p> <p><input type="checkbox"/> Good in articulating ideas clearly and logically.</p> <p><input type="checkbox"/> Very articulate; outstanding command of language</p> <p><input type="checkbox"/> Not able to judge.</p>

<b>5. Sensitivity to Others</b> <input type="checkbox"/> No concern for ideas or needs of others, antagonistic <input type="checkbox"/> Has trouble being respectful of other's ideas or needs; rarely tactful. <input type="checkbox"/> Tends to be respectful of others ideas and needs. <input type="checkbox"/> Usually considerate and tactful. <input type="checkbox"/> Very alert and tactfully responsive to others' needs & ideas. <input type="checkbox"/> Not able to judge.	<b>10. Accountability</b> <input type="checkbox"/> Projects blame on others as reason for own actions. <input type="checkbox"/> Gives excuses for own actions. <input type="checkbox"/> In general accepts responsibility for own actions. <input type="checkbox"/> Nearly always accepts responsibility for own actions. <input type="checkbox"/> Thoroughly accountable for own actions. <input type="checkbox"/> Not able to judge.
<b>6. Group Skills</b> <input type="checkbox"/> Never contributes toward group goals. <input type="checkbox"/> Interferes with attainment of group goals. <input type="checkbox"/> Has some difficulty as a member/leader of group. <input type="checkbox"/> Often regarded as a constructive group member/leader by peers. <input type="checkbox"/> Very effective as a leader/member in assisting group toward constructive goals. <input type="checkbox"/> Not able to judge.	<b>11. Response to Stressful Situations</b> <input type="checkbox"/> Remains withdrawn, angry, confused, unrealistic, or depressed when under pressure. <input type="checkbox"/> Has difficulty proceeding constructively. <input type="checkbox"/> Tries to proceed constructively, occasionally is withdrawn or angry. <input type="checkbox"/> Self-controlled, rarely loses temper or withdrawn. <input type="checkbox"/> Extremely well-balanced. <input type="checkbox"/> Not able to judge.
<b>7. Reliability</b> <input type="checkbox"/> Neglects following through with obligations/appointments. <input type="checkbox"/> Work is incomplete, carelessly done. <input type="checkbox"/> Completes work carefully but with prodding. <input type="checkbox"/> Meets obligations independently most of the time. <input type="checkbox"/> Thoroughly reliable; needs no supervision. <input type="checkbox"/> Not able to judge.	<b>12. Ability to Make Decisions</b> <input type="checkbox"/> Totally indecisive. <input type="checkbox"/> Has difficulty analyzing problems and arriving at decisions. <input type="checkbox"/> Analyzes a situation correctly but has difficulty deciding on a course of action. <input type="checkbox"/> Generally competent in making decisions and taking actions on them. <input type="checkbox"/> Excellent in considering consequences of decisions and taking appropriate action. <input type="checkbox"/> Not able to judge.
<b>8. Physical Abilities</b> <input type="checkbox"/> Low level of energy, easily tires. <input type="checkbox"/> Average capability physically; capable of normal 8-hour demands. <input type="checkbox"/> Can withstand rigors of accelerated program including long hours and strenuous physical demands. <input type="checkbox"/> Not able to judge.	<b>13. Tolerant of Ambiguity</b> <input type="checkbox"/> Always requires excessive detail of assignments/exams in order to meet supervisor/instructor assignments. <input type="checkbox"/> Is uncomfortable in less structured situations; seeks guidance inappropriately. <input type="checkbox"/> Attempts to function with less structure and seeks guidance appropriately. <input type="checkbox"/> Usually can function comfortable in less structured situations. <input type="checkbox"/> Functions very effectively and comfortable without a rigidly defined, externally imposed structure. <input type="checkbox"/> Not able to judge.
<b>9. Perseverance</b> <input type="checkbox"/> Gives up without trying. <input type="checkbox"/> Becomes discouraged easily when working towards goals. <input type="checkbox"/> Works on goals which are easily attainable but avoids difficult goals. <input type="checkbox"/> Works towards most goals until achieved. <input type="checkbox"/> Is always persistent in pursuing all goals. <input type="checkbox"/> Not able to judge.	<b>My over all evaluation of this person as an applicant is:</b> <input type="checkbox"/> Strongly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with Reservation <input type="checkbox"/> Do No Recommend <input type="checkbox"/> Undecided <i>Additional comments may be appended. Thank you.</i>
Briefly explain any decisions other than "Strongly Recommend") <hr/> Signature: _____ Date: _____	

Return to: Jeff Smith, Director, Emergency Medical Education Department  
 Kansas City Kansas Community College, 7250 State Avenue, Kansas City, KS 66112

## Kansas City Kansas Community College Paramedic Program

### Medical History and Physical Examination Form

The Medical History and Physical Examination form consists of five pages and must be completed by all students entering KCKCC's Paramedic program. Students are responsible for the cost of the physical examination and any required immunizations. Students may see a doctor (MD or DO), a nurse practitioner (ARNP) or a physician assistant (PA) for the physical examination. In addition to information about the student's general health, this form provides verification that the student is able to carry out the tasks required for his/her chosen career such as standing for long periods, manual dexterity, etc.

---

#### Students:

Please review this form carefully. In order for it to be considered complete, you must have:

- Completed the Medical History portion wherein you relate information about your past and current health status
- Completed the Physical Examination portion wherein you have documented that you are medically fit to participate in the program including verification of immunizations
- \*\* Reviewed the Functional Job Analysis for the profession.**
- Notarized the contents of the form as "accurate to the best of your knowledge"

Be certain to take all documentation of immunizations with you to your physical examination so that the form can be completed correctly. Failure to submit the original form - complete with documentation and notarized may prevent you from progressing to the clinical portion of your program. **Please make copies of the form prior to submitting for your own record.**

#### Immunization information:

Students must provide valid documentation of immunization **or** have a blood test called a titer which indicates current immunization status **or** receive the indicated vaccinations. Refer to page 3 for specific procedures to follow regarding each of the required titers/immunizations:

- A **Positive Titer Test** indicates that you have either had the disease or have been vaccinated against it. In either case, **you have immunity** to that disease.
- A **Negative Titer Test** indicates that **you do not have immunity** to the disease and that **you will need to be immunized**.

Vaccination for hepatitis is required. In order to confirm immunity, students are advised to have a hepatitis titer after receiving the full series of three vaccinations. Any student who opts not to receive the hepatitis series will need to sign the "Laboratory Tests and Immunizations" page to acknowledge refusal of the vaccinations.

**Important: All results of laboratory tests and immunizations should be attached to the Medical History and Physical Examination form.**

### Student Self Report of Medical History

**Student:** Complete this section prior to the physical examination for review by the examiner.

<b>Last Name</b>	<b>First Name</b>	<b>Student ID #</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone #</b>	<b>Work Phone #</b>	<b>Cell or Beeper #</b>	
<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Contact at:</b>	
<b>Email Address</b>		<b>Program Enrolled in:</b>	

Review of Systems / Medical History — please check all that apply		
Abnormal Bleeding	Heart Problems (other)	
Allergies	Hepatitis	
Anemia	Hernia	
Anxiety	High Blood Pressure	
Arthritis	Intestinal / Stomach Trouble	
Asthma	Low Back Condition	
Cancer of	Mononucleosis	
Chest Pain	Rheumatic Fever	
Concussion / Head Injury	Scoliosis	
Depression	Seizures	
Diabetes	Sickle Cell Trait	
Ear Trouble / Hard of Hearing	Sinus Problems	
Eating Disorder	Splenectomy	
Eye Trouble / Vision Loss	Sprain of _____	
Fracture of _____	Syncope / Fainting	
Headaches / Migraines	Thyroid Disease	
Heart Murmur	Tuberculosis	

Please indicate any health concerns, if any, that you presently have:

#### Drug Allergies/Medicine Sensitivity/Latex Allergy

- ☐ None  
☐ Latex allergy

☐ Penicillin, Ampicillin  
☐ Other \_\_\_\_\_

*Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the KCKCC Paramedic Program unless written consent has been provided for release to other parties.*

### Medical History and Physical Examination

**Examiner:** Please examine this student as you would for a routine check-up. This student will be working closely with people in various health care settings. Please indicate/comment on any abnormal findings; using additional sheets if necessary or providing further documentation.

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_\_

SYSTEM	NORMAL	FINDING	COMMENTS/PREVIOUS CONDITIONS/SURGERY
Cardiovascular			
Endocrine/Metabolic			
Eyes/Ears/Nose /Throat			
Gastrointestinal			
Genitourinary			
Integumentary			
Musculoskeletal			
Neurological			
Respiratory			

**Is the student under treatment for any medical, surgical or emotional condition?**

**YES   NO**

If yes, please provide details:

**Is the student now taking any medications?**

**YES   NO**

If yes, please list:

**Can student participate in unlimited physical activities in the clinical area?**

**YES   NO**

If no, please specify limitations:

**Does the student require any follow-up health supervision?**

**YES   NO**

If yes, please specify:

**EXAMINER'S NAME (PLEASE PRINT)** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**SIGNATURE OF MD/DO/ARNP** \_\_\_\_\_

**DATE** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_

*Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the KCKCC Paramedic Program unless written consent has been provided for release to other parties.*

## Immunization Verification

**Examiner Instructions:** To verify immunity, check the appropriate box indicating method of verification utilized or that a titer has been completed or that a vaccination has been provided. Attach results of laboratory tests as indicated and any documentation if required.

Mantoux PPD – Tuberculin Test – required annually	
Test Date:	Attach results of laboratory test
<i>If result of tuberculin test is positive, a chest X-ray is required.</i>	
Chest X-ray Date:	Attach results

Tetanus/ Diphtheria – required within last 10 years	
To verify previous vaccination, attach documentation via a medical record or examiner's statement.	
<input type="checkbox"/> Vaccination Provided	Date:

Rubella – German Measles	
<i>If a rubella vaccination can be documented via a medical record or examiner's statement, a new vaccination is not required. If unable to document vaccination, student must have a Rubella titer to verify immunity or a current vaccination</i>	
<input type="checkbox"/> To verify previous vaccination, attach documentation via a medical record or examiner's statement.	
<input type="checkbox"/> Titer Completed - Date:	Attach results of laboratory test
<input type="checkbox"/> If Positive Titer	No vaccination required, immunity verified
<input type="checkbox"/> If Negative Titer	Vaccination Provided      Date:
<input type="checkbox"/> Vaccination Provided without Titer	Date:

Rubeola - Measles	
<i>If born on or after January 1, 1957, student must have proof of receiving two MMR or MR vaccines after 1 year of age OR establish immunity through titer OR have a current vaccination.</i>	
<input type="checkbox"/> To verify previous vaccination, attach documentation via a medical record or examiner's statement.	
<input type="checkbox"/> Titer Completed - Date:	Attach results of laboratory test
<input type="checkbox"/> If Positive Titer	No vaccination required, immunity verified
<input type="checkbox"/> If Negative Titer	Vaccination Provided      Date:
<input type="checkbox"/> Vaccination Provided without Titer	Date:

Varicella - Chickenpox	
<i>Student statement of previous exposure IS NOT considered to be proof of immunity.</i>	
<input type="checkbox"/> Titer Completed - Date:	Attach results of laboratory test
<input type="checkbox"/> If Positive Titer	No vaccination required, immunity verified
<input type="checkbox"/> If Negative Titer	Vaccination Provided      Date:
<input type="checkbox"/> Vaccination Provided without Titer	Date:

Hepatitis B - Required	
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by refusing to take this vaccination, I continue to be at risk of acquiring Hepatitis B.	
<input type="checkbox"/> <b>Student Signature required:</b>	<b>Date:</b>
<input type="checkbox"/> Verification of previous vaccination	Titer Date:      Results:
<input type="checkbox"/> Vaccination Provided	Injection 1 Date:      Injection 2 Date:      Injection 3 Date:

## COVID-19 Vaccination - Required

**All students are required to be fully vaccinated against the Covid-19 virus. Please verify which vaccine you received and the dates of the vaccinations including a booster dose. Please include a copy of your vaccination card with this application.**

<input type="checkbox"/> <b>Pfizer</b>	1st Dose _____	2nd Dose _____	Booster Dose _____
<input type="checkbox"/> <b>Moderna</b>	1st Dose _____	2nd Dose _____	Booster Dose _____
<input type="checkbox"/> <b>Johnson &amp; Johnson</b>	1st Dose _____		Booster Dose _____

I certify that the above tests/vaccinations were performed in this office/laboratory or I have reviewed any documentation relative to the student's immunization record.

**SIGNATURE OF MD/DO/ARNP** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EXAMINER'S NAME (PLEASE PRINT)** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the KCKCC Paramedic Program unless written consent has been provided for release to other parties.

### Release of Information

In accordance with 20 U.S.C. 123g (Family Education Rights and Privacy Act) I authorize Kansas City Kansas Community College and its agents to release and disclose the information contained in this form, including my immunization record, to a clinical affiliation site.

\_\_\_\_\_ I herein give permission to duplicate the requested information and release it to the clinical site.

\_\_\_\_\_ I do not give permission to duplicate the requested information and release it to the clinical site.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Verification of Compliance with Technical Performance Standards

The Kansas City Kansas Community College Paramedic Program has outlined the Functional Job Analysis that serves to inform students of the skills and/or physical demands necessary for program completion and workplace responsibilities.

After review of the Functional Job Analysis for the paramedic profession:

\_\_\_\_\_ I have determined that I will be able to perform the standards or essential skills listed.

\_\_\_\_\_ I have determined that I will be able to perform the standards or essential skills listed but will require reasonable accommodation. I have registered with Student Success and Accessibility Services and will arrange to meet with the Department Head to determine the accommodation necessary.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Permission to Render Medical Treatment

In case of serious illness or accident, I give Kansas City Kansas Community College or its representative(s) permission to secure medical and/or surgical care to include transportation to a physician or hospital of their choice, examination, medication, and surgery that is necessary for my good health. I understand that I am responsible for any cost incurred if not covered by the KCKCC Affiliation Contract. I also understand that every attempt will be made to contact my emergency contact prior to such decisions.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Notarization of Form – to be signed in presence of Notary Public

I acknowledge that the information provided in this form is accurate to the best of my knowledge. My signature below indicates review and compliance with all of the statements above:

Student Signature \_\_\_\_\_

State of Kansas County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

Notary Public State of Kansas

STAMP

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_ Type of ID \_\_\_\_\_

**Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the KCKCC Paramedic Program unless written consent has been provided for release to other parties.**