



Emergency Medical Education

Paramedic Application

For the Cohort of
2025-2027



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 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 ALS 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 upon the recommendation of the Committee on the Accreditation of Educational Programs for the EMS Professions.

Application Checklist:

- Three recommendations requested (use forms provided)
- Copy of all college transcripts (one set to the Registrar's Office and one set to the program.)
- Copy of driver's license
- Resume
- Completed Application Health Forms and ALL Immunization Records and Diagnostic/Titer Results
- Copy of military discharge & medical MOS paperwork, if applicable
- Copy of verification of health insurance
- Completed application

Submit application materials to: Jeff Smith, MS, RN, Paramedic
Director, Emergency Medical Education
Department Kansas City Kansas Community
College, 2613
7250 State Avenue
Kansas City, KS 66112
email. jsmith@kckcc.edu
tel. 913.288.7208



Emergency Medical Education

Application Deadline: May 31, 2025

"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 must ALSO be sent directly to the Registrar's Office of Kansas City Kansas Community College.**

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

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 year) health evaluation certifying my fitness for the program. I will also provide verification of health insurance coverage, immunizations, and a copy of 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 college 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** _____

<p>5. Sensitivity to Others</p> <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.	<p>10. Accountability</p> <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.
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<p>7. Reliability</p> <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.	<p>12. Ability to Make Decisions</p> <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.
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<p>Briefly explain any decisions other than "Strongly Recommend")</p> <hr/> <p>Signature: _____ Date: _____</p>	

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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 applying/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, including all diagnostic reports and immunization records.
- 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 must 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.

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

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

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Penicillin, Ampicillin |
| <input type="checkbox"/> Latex allergy | <input type="checkbox"/> 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 # _____	

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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

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

<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
	If Positive Titer	No vaccination required, immunity verified
	If Negative Titer	Vaccination Provided Date:
<input type="checkbox"/>	Vaccination Provided without Titer Date:	

Rubeola - Measles

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.

<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
	If Positive Titer	No vaccination required, immunity verified
	If Negative Titer	Vaccination Provided Date:
<input type="checkbox"/>	Vaccination Provided without Titer Date:	

Varicella - Chickenpox

Student statement of previous exposure IS NOT considered to be proof of immunity.

<input type="checkbox"/>	Titer Completed - Date:		Attach results of laboratory test
<input type="checkbox"/>	If Positive Titer	No vaccination required, immunity verified	
	If Negative Titer	Vaccination Provided	Date:
<input type="checkbox"/>	Vaccination Provided without Titer Date:		

Hepatitis B - Required

<input type="checkbox"/>	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.		
	Student Signature required:		Date:
<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 recommended 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. Exemptions may be approved by the Dean of Health Professions and Public Safety.

- | | | | |
|--|----------------|----------------|--------------------|
| <input type="checkbox"/> Pfizer | 1st Dose _____ | 2nd Dose _____ | Booster Dose _____ |
| <input type="checkbox"/> Moderna Johnson | 1st Dose _____ | 2nd Dose _____ | Booster Dose _____ |
| <input type="checkbox"/> & Johnson | 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 #** _____

**THE HEALTH ASSESSMENT PACKET MUST BE
COMPLETED IN ITS ENTIRETY
Please ensure the healthcare provider has provided you
with all documents to support your immunization/titer
status.**

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. 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.