



## **Paramedic Application**

For the Cohort of 2026-2028

# 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, College Algebra or higher (Statistics or Contemporary Math)**

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
- ☐ 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](mailto:jsmith@kckcc.edu)  
tel. 913.288.7208

**Application Deadline: May 31, 2026**

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 \_\_\_\_\_

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## 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.**

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## 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.)

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## 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.

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## 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

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## 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.**

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

# 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 8-12 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.
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Briefly explain any decisions other than "Strongly Recommend") <hr/> Signature: _____ Date: _____	

**Return to: Jeff Smith, Director, Emergency Medical Education Department**  
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# Kansas City Kansas Community College

## Emergency Medical Education

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include area code

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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

### Release of Information

\_\_\_\_\_ 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

\_\_\_\_\_ 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

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 \_\_\_\_\_ County of \_\_\_\_\_

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

By \_\_\_\_\_

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*