APPLICATION TO MISSOULA PARAMEDIC PROGRAM

Department of Health Professions
Fall 2020 Admission

ELIGIBILITY TO APPLY

- **GPA:** A minimum GPA of 2.75 in most recent 20 college/university credits completed is required (all college/university coursework taken since high school is reviewed). This will include the pre and co-requisites.

- **PRE and CO-REQUISITES:** Successful completion of five courses and current NREMT certification are required to fulfill the requirements of the Associate of Applied Science degree. While the EMT must be completed before entering the program, the remaining 5 courses can be taken at any time before program completion. However, applicants are STRONGLY encouraged to complete these 5 courses, and in particular Basic Anatomy (BIOH 108 or BIOH 104).

- **CERTIFICATE:** Applicants to the certificate-only program, which will enable students to test for their National Registry Paramedic certification without completing the full AAS program, must complete this application process.

Pre and Corequisite Courses

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>BIOH 108 (or 104) - Basic Human Anatomy</td>
<td>4</td>
</tr>
<tr>
<td>COMX 115S - Interpersonal Communications</td>
<td>3</td>
</tr>
<tr>
<td>MATH 105 – Contemporary Math (or higher)</td>
<td>3</td>
</tr>
<tr>
<td>WRIT 101 – Writing/English Composition</td>
<td>3</td>
</tr>
<tr>
<td>AHMS 144 - Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Medical Technician (NREMT)</td>
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</tbody>
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IMPORTANT NOTES

- Pre-requisite science courses must be completed within 5 years of application submission AND with a maximum of two attempts during a 5-year period. Grades WP (withdrawal pass) and WF (withdrawal fail) count as an attempt. The most recent grade earned is used to calculate the pre-requisite GPA.

- Writing and Math pre-requisite grades older than 10 years may possibly be renewed for our application purposes by taking placement exams and scoring above our required course levels. If you are in this situation, please contact Dan Funsch Dan.Funsch@umontana.edu.

- College Level Entrance Program (CLEP) exam scores will attributed a grade of “C” only.

- Advance Placement (AP) exam scores without an assigned letter grade will be attributed a grade of “C” only.
Paramedic Application Detailed Instructions
Priority Application Deadline – 5 P.M. February 3rd 2020

Submission Packet
• All materials must be submitted in a sealed 9 x 12-inch envelope. Mail or drop off to either:

   MESI
   2680 Palmer St
   Missoula, MT  59808

   Missoula College Health Professions
   1205 East Broadway
   Missoula, MT  59802

Application Evaluation
Applications will be evaluated for minimum eligibility and then ranked on the categories listed below, with the opportunity for additional points as described.

• Cover Letter – tell us why you are applying, and what makes you stand out as an applicant.
• Prerequisites/ GPA – see p.1
• Interview: Applicants meeting the minimum standards will be invited to an interview. Scheduling will be handled by the Paramedic Program Director, with interviews conducted by a panel consisting of the Program Director, Chair of Health Professions, Medical Director or his designee, a paramedic and an EMT.
• Basic Emergency Medicine written exam / practical assessment (to be held after application deadline).
• Two letters of reference.
• Additional credit will be granted for experience in the medical field.

Transcripts – please read carefully!
• If you have only attended Missoula College or University of Montana, you do not need to submit transcripts. (They are on file with UM)
• If you attended another college but have already transferred to Missoula College/UM, you do not need to submit transcripts. (They are on file with UM)
• If you attended another college but have not yet applied for admission to Missoula College/UM, you must submit OFFICIAL College transcripts from each college you’ve attended. There are two options:
  1. Have OFFICIAL paper transcripts mailed TO YOU, please do NOT mail them to Missoula College, Paramedic Program, or University of Montana. DO NOT OPEN the sealed envelope!
  2. Have OFFICIAL Electronic transcripts sent to Missoula College/UM.

If you have courses in progress, please list those here:

Subject: _______________ Course # _______________
Subject: _______________ Course # _______________
Subject: _______________ Course # _______________
Subject: _______________ Course # _______________
Application Form for 2020-21 Academic Year Admission
Missoula Paramedic Program Consortium
Associates of Applied Science Degree

This application is for students applying to begin the Paramedic program Fall 2020. If accepted by the Paramedic program you must apply to and register with Missoula College.

Personal Information

❖ Full Legal Name
Last ____________________________ First ____________________________ Middle ____________________________

❖ Previous Name(s)
Last ____________________________ First ____________________________ Middle ____________________________

❖ Last four (4) digits of Social Security Number _________ UM Student ID 790__________

❖ Veteran Status ** Non-veteran___ Veteran ___
** The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. “Veteran” is defined as a person who served at least one day active military, naval, or air service and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.**

❖ Current mailing address: (If not permanent, enter the date this address is good through)
Street / Apt# / PO Box __________________________________________________________
City ____________________________ State__________ Zip__________ Phone (____)__________

❖ Permanent Mailing Address: (If different from above)
Street / Apt# / PO Box __________________________________________________________
City ____________________________ State__________ Zip__________ Phone (____)__________

❖ Email addresses (check preferred email address for application status correspondence)
 o UM Student Email address ______________________________________________________
 o Personal email address ______________________________________________________
Missoula Paramedic Program

Verification of Healthcare Experience (EMT, CNA, HCA, etc)

Applicant Name __________________________

Experience: I

Your Position Title ___________________________ Organization Phone ______________________

Name & Address of Organization ____________________________________________________________

Your Supervisor’s Name and Title: _________________________________________________________

Supervisor’s Email address_______________________________________________________________

Your Credential(s) ______________________________________________________________________

Time Period (Start /End dates) ____________________________ # of Hours worked _______

Description of roles & responsibilities, including patient care:

May we contact your supervisor? __________ YES __________ NO

Experience: II

Your Position Title ___________________________ Organization Phone ______________________

Name & Address of Organization ____________________________________________________________

Your Supervisor’s Name and Title: _________________________________________________________

Supervisor’s Email address_______________________________________________________________

Your Credential(s) ______________________________________________________________________

Time Period (Start /End dates) ____________________________ # of Hours worked _______

Description of roles & responsibilities, including patient care:

May we contact your supervisor? __________ YES __________ NO

Enclose a copy of your most recent professional certification(s) or license(s) in your application packet

(Copy this form to document additional experience)

Signature____________________________________________   Date____________________