



**PARAMEDICINE APPLICATION FORM cont.**

**RACIAL/ETHNIC GROUP:** *Federal Law requires Metropolitan Community College to report the ethnicity of all U.S. citizens and resident aliens in the following categories. Information requested in this section is not a requirement for admission but will be used for statistical purposes only.*

Are you Hispanic/Latino?  Yes (HIS)  No (NHS) -- If you chose no, please select one or more race groups below:

- American Indian –Alaska Native (AN)       Asian (AS)       Black or African American (BA)  
 Native Hawaiian-Pacific Islander (HP)       White (WH)

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College including but not limited to those rules contained in the current College catalog. I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities, or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 and the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375 and all civil rights laws of the State of Nebraska and the City of Omaha.

**Contacts:**

Concerning Title VI (race), Title IX (gender equity), Section 504 (disability), and Americans with Disabilities Act/Program and Services Accessibility and Age (age) contact:

- Director of Human Resources: 457-2415 (employees)
- Vice President of Campuses and Student Affairs: 457-2415 (students)
- Director of Facilities: 457-2415 (accessibility)

Concerning hiring and employment related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability or sexual orientation, retaliation or affirmative action and diversity issues contact:

- Director of Human Resources: 457-2415 (employees)
- Associate Vice President for Equity and Diversity: 457-2415

**Address for contact individuals:**

Metropolitan Community College  
30<sup>th</sup> and Fort Streets  
P.O. Box 3777  
Omaha, NE 68103-0777

**Completed applications should be returned to:**

**Metropolitan Community College  
Health and Public Services Office  
P.O. Box 3777  
Omaha, NE 68103**

**Contact: Tina Pebley, Enrollment Associate  
South Omaha Campus, Mahoney Building, Room 519  
Phone: 402-738-4791      Fax: 402-738-4793**



## PARAMEDICINE APPLICATION CHECKLIST

*All of the items below will be needed to complete your final acceptance process.*

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

- Proof of completion of EMT (HLTH 1100) – pre-requisite required for acceptance into Paramedicine Program
- Completed and signed application form
- Proof of current Health Insurance coverage
- Copy of Academic Progress Report
- Copy of CPR certification
- Completion of the TEAS Test (Test of Essential Academic Skills) -- required for acceptance into Paramedicine Program **beginning with the 2011 Winter Quarter**
- Indication of Quarter and Time \_\_\_\_\_ Days/Fall \_\_\_\_\_ Days/Winter \_\_\_\_\_ Evenings/Spring  
Days: Tuesday/Thursday 8:30 am to 5:00 pm  
Evenings: Tuesday/Wednesday/Thursday 6:00 pm to 10:00 pm plus one Saturday per month
- Proof of education – copy of High School diploma or GED certification
- Proof of age – copy of driver’s license or birth certificate – must be minimum of 18 years of age
- All official transcripts mailed to Metropolitan Community College’s Records Department
- Copy of immunizations
  - \_\_\_\_\_ Varicella vaccination or titer of Varicella – documentation by physician. If unknown, a titer must be completed
  - \_\_\_\_\_ Current Tetanus within past ten (10) years
  - \_\_\_\_\_ MMR immunization or titer – if born after 1956 must show evidence of having received two MMRs
  - \_\_\_\_\_ Hepatitis B vaccine or Hepatitis B titer – if vaccine, student must have at least started the series and the series must be followed per current standard
  - \_\_\_\_\_ Polio
  - \_\_\_\_\_ Two-step PPD/TB test within one year of the first day of class or chest x-ray one-view for known positive history PPD – (One-step acceptable if able to provide documentation of a prior skin test)

Final admission based on ability to pass a background check, a drug screen, and the ability to complete the duties and requirements in the functional job description of a paramedic.

**Note: The application can be completed and sent to the Health and Public Services Office at the South Omaha Campus with the above information attached. If there are some documents that are not available, please contact the Enrollment Associate in the office of Health and Public Services. Students will be registered for the Paramedicine program by the Program Director.**

**Completed applications and supporting paperwork should be returned to:**

**Metropolitan Community College  
Health and Public Services Office  
P.O. Box 3777  
Omaha, NE 68103**

**Contact: Tina Pebley, Enrollment Associate,  
South Omaha Campus, Mahoney Bldg. Room 519  
Phone: 402-738-4791 Fax: 402-738-4793**