



Metropolitan Community College Paramedicine program consists of four classroom sections and three clinical/field components that are simultaneous. All program components are taken consecutively. The program provides an introduction to emergency medical care, knowledge of EMS systems, the roles, responsibilities and well-being of the paramedic, medical, legal and ethical issues, anatomy and physiology, pathophysiology of the normal cell, respiratory system, general principles of pharmacology IV access and medication administration, airway management and ventilation, therapeutic communication, patient assessment, communication and documentation, assessment and management of all medical emergencies, pediatric and geriatric emergencies, trauma emergencies, ambulance operations and incident command. Students must successfully pass each component to enter the next level.

## Application deadlines

Quarter	Application Deadline	Day/Evening
Winter	Nov. 1	Days
Spring	Feb. 1	Evenings
Fall	Aug. 1	Days

*Admission packet information and requirements subject to change without notice.*

The Paramedicine program is accredited by the Commission on Accreditation of Allied Health Education Programs, 9355 113th St. N, #7709, Seminole, FL 33775, upon the recommendation of CoAEMSP.

Schedule changes (such as dropping a course) are the responsibility of the student. The changes must follow College procedures, refund policies and deadlines at all times. Students are not always entitled to refunds for classes that are dropped, depending on when the courses are dropped. Students are responsible for any tuition and fees that are not refunded.

## Admission process

- Obtain application packet from any Student Services or online at [mccneb.edu/ems](http://mccneb.edu/ems)
- Complete the PSB Test for Paramedics
- **Submit completed application** to the Health Careers office, South Omaha Campus, Mahoney Building, room 519 or mail to:

Metropolitan Community College  
Health Careers  
P.O. Box 3777  
Omaha, NE 68103-0777

- Attend a mandatory orientation

Successful applicants will be contacted regarding their admission status and registered by the Paramedicine director for courses in the order in which the requirements are met.

**It is recommended students keep a copy of all required paperwork. Copies of paperwork will not be available after the end of the quarter.**

## Requirements *Prerequisites may exist for general courses. Refer to the College catalog.*

### General education requirements

13.5 credit hrs

ENGL 1010	English Composition I	4.5
MATH 1310	Intermediate Algebra	4.5
or		
MATH 1315	College Algebra	4.5
	Humanities/Social Sciences	4.5

### Major requirements

71.5 credit hrs

EMSP 1000	Cardiopulmonary Resuscitation	1.0
EMSP 1100	Emergency Medical Technician	12.0
EMSP 1120	Paramedic (part 1 of 4)	12.0
EMSP 1122	Paramedic (part 2 of 4)	12.0
EMSP 1123	Paramedic Field (part 1 of 3)	3.5
EMSP 1124	Paramedic (part 3 of 4)	12.0
EMSP 1125	Paramedic Field (part 2 of 3)	3.5
EMSP 1126	Paramedic (part 4 of 4)	12.0
EMSP 1127	Paramedic Field (part 3 of 3)	3.5

For a complete description of courses required for an associate degree, visit with an advisor or the enrollment specialist in the Health Careers office. For questions about specific Paramedicine course content, call the program director at 531-MCC-4015.

## Admission requirements

### Contact

Metropolitan  
Community College  
Enrollment specialist  
Health Careers  
P.O. Box 3777  
Omaha, NE 68103-0777  
531-MCC-4791

### Program questions

Craig Jacobus  
EMS program director  
chjacobus@mccneb.edu  
531-MCC-3004

The following requirements must be met by the application deadline to be considered for admission:

- Submission of completed application
- Proof of age (minimum age 18)
- Copy of current driver's license
- Copy of high school diploma or similar, GED certificate, college diploma or official transcripts (This is a state of Nebraska requirement.)
- Must have EMT certification and provide a copy of current EMT or Intermediate license (state or national)
- Copy of current CPR certification (BLS healthcare provider)
- Copy of PSB Health Occupations Exam for Paramedics results (minimum score is 18); results will be scored in Health Careers office and student will be notified if score is below 18
- General Education requirements must be completed prior to the application deadline, or they must be completed during the first quarter of the Paramedicine program.  
NOTE: If applicable, it is NOT recommended to take more than one or two General Education courses during the first quarter of the program, while taking EMSP classes. The General Education requirements must all be completed by the end of the first quarter
- Copy of all immunizations
- Minimum MCC GPA of 2.0
- Capable of the duties and requirements in the functional job description of a paramedic (signed technical standards form)
- Completion of a Nebraska background and abuse check, completion of drug screening

Final admission will be based on the outcome of the completed background check, drug screen, physical, PSB Health Occupations Exam score, EMT written exam results and interview.



Fall (days)       Winter (days)       Spring (evenings)

**PERSONAL (print or type)**

For office use only  
Student ID# \_\_\_\_\_

Full legal name \_\_\_\_\_  
(last) (first) (full middle) (maiden)

Social Security, MCC student ID or I-94 number \_\_\_\_\_

Home address \_\_\_\_\_  
(street) (city) (state) (ZIP)

Employer \_\_\_\_\_  
(name) (address)

Telephone \_\_\_\_\_  
(home) (work) (cell)

Email \_\_\_\_\_

Gender:  male  female      Birth date \_\_\_\_\_  
(month) (day) (year)

Marital status:  single  married  widowed  divorced

U.S. citizen:  yes  no

If no, type of visa:  student  permanent  other

Have you previously enrolled at MCC?  yes  no      dates \_\_\_\_\_

When do you wish to enter?  Fall  Winter  Spring      year \_\_\_\_\_

Do you have a  high school diploma or similar  GED  College degree      year received \_\_\_\_\_

Name of granting institution \_\_\_\_\_

Address of granting institution \_\_\_\_\_  
(street) (city) (state) (ZIP)

**Colleges previously attended**

(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to Metropolitan Community College, Records, P.O. Box 3777, Omaha, NE 68103-0777.)

College	Address	Dates attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____



Furnishing the following information is not a requirement for admission and will not be used in admission discussions. The data will be used for statistical purposes only.

Are you:       Hispanic/Latino                       Non-Hispanic/Latino

For those individuals who are non-Hispanic/Latino, select one or more of the following:

- American/Alaska Native                       Asian  
 Black or African American                       Hawaiian/Pacific Islander  
 White

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 signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Nondiscrimination and Equal Opportunity Statement**

Metropolitan Community College does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation 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, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and related Executive Orders 11246 and 11375, and all amendments to the above.

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

- Julie Langholdt - Dean of Student Advocacy and Accountability:  
531-622-2202, jlangholdt@mccneb.edu (students);
- Missy Beber - Associate Vice President of Human Resources:  
531-622-2236, mlbeber@mccneb.edu (employees);
- Bernie Sedlacek - Director of Facilities Management, Planning, and Construction:  
531-622-2529, bsedlacek@mccneb.edu (accessibility); or
- United States Department of Education Assistant Secretary for Civil Rights - Office for Civil Rights  
(OCR):1-800-421-3481, ocr@ed.gov.

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation, or affirmative action or diversity issues, contact:

Associate Vice President for Equity and Inclusion:  
531-622-2649, cgooch@mccneb.edu

The address for all of the above individuals is as follows:

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



- Fall (days)                       Winter (days)                       Spring (evenings)

Student name \_\_\_\_\_ Student ID \_\_\_\_\_

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Completed and signed application form                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Proof of age (minimum age of 18) |
| <input type="checkbox"/> Copy of PSB Test for Paramedics results (minimum score is 18)                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Minimum MCC GPA of 2.0           |
| <input type="checkbox"/> Nebraska background and abuse check                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Copy of CPR certification        |
| <input type="checkbox"/> Proof of education (copy of high school diploma or GED)                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Copy of current driver's license |
| <input type="checkbox"/> Copy of current EMT certification (state or national)                                                                                                                                                                                                                                                                                                                                                                 |                                                           |
| <input type="checkbox"/> Signed Paramedicine Technical Standards Form                                                                                                                                                                                                                                                                                                                                                                          |                                                           |
| <input type="checkbox"/> Required General Education courses:                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |
| <input type="checkbox"/> ENGL 1010    English Composition I                      4.5                                                                                                                                                                                                                                                                                                                                                           |                                                           |
| <input type="checkbox"/> MATH 1310    Intermediate Algebra                                      4.5                                                                                                                                                                                                                                                                                                                                            |                                                           |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |
| <input type="checkbox"/> MATH 1315    College Algebra                                              4.5                                                                                                                                                                                                                                                                                                                                         |                                                           |
| <input type="checkbox"/> Humanities/Social Science                              4.5                                                                                                                                                                                                                                                                                                                                                            |                                                           |
| <input type="checkbox"/> Copy of Academic Progress Report (unofficial transcript)                                                                                                                                                                                                                                                                                                                                                              |                                                           |
| <input type="checkbox"/> All official transcripts mailed to the MCC Records office                                                                                                                                                                                                                                                                                                                                                             |                                                           |
| <input type="checkbox"/> Required interview to be scheduled with program director                                                                                                                                                                                                                                                                                                                                                              |                                                           |
| <input type="checkbox"/> Copy of immunizations (required by the first day of class)                                                                                                                                                                                                                                                                                                                                                            |                                                           |
| <input type="checkbox"/> Annual flu vaccine                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |
| <input type="checkbox"/> Varicella vaccination or titer; documentation by physician; if unknown, must complete titer                                                                                                                                                                                                                                                                                                                           |                                                           |
| <input type="checkbox"/> Current Tetanus within past 10 years                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |
| <input type="checkbox"/> MMR immunization or titer; if born after 1956, must show evidence of having received two MMRs                                                                                                                                                                                                                                                                                                                         |                                                           |
| <input type="checkbox"/> Hepatitis B vaccine or titer; if vaccine, must have at least started the series, and the series must be followed per current standard                                                                                                                                                                                                                                                                                 |                                                           |
| <input type="checkbox"/> Polio                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |
| <input type="checkbox"/> Provide proof of a current (within the past 12 months) Mantoux PPD Skin Test (Tuberculosis Test). Results must be current through the last day of the Paramedicine program. If TB test is positive, student must have a note from the physician stating the disease is not active at this time.<br><i>(If student has received the BCG Vaccine, they will need a chest X-ray instead of a Mantoux PPD Skin Test.)</i> |                                                           |
| <input type="checkbox"/> COVID vaccine<br><i>*if required by clinical affiliated partner agreements</i>                                                                                                                                                                                                                                                                                                                                        |                                                           |
| <input type="checkbox"/> Dose 1 _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |
| <input type="checkbox"/> Dose 2 _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |
| <input type="checkbox"/> Booster _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |

Final admission is based on the ability to pass a drug screen and background check and the ability to complete the duties and requirements in the functional job description of a paramedic; as well as results of an EMT written exam and interview with the program director.

Applications need to be submitted to the Health Careers enrollment specialist or the program director, South Omaha Campus, Mahoney Building, room 519, or mailed to Metropolitan Community College, Health Careers, P.O. Box 3777, Omaha, NE 68103-0777. Upon receiving an application, the enrollment specialist will make an appointment for an interview and schedule student for the EMT exams.

Students must be registered by the Health Careers office.

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*



All Paramedicine program students are required to meet definite standards for the profession and for practical application. The following are specific requirements of all students:

- Ability to stand, sit, walk, push and squat
- Ability to lift and/or carry 125 pounds
- Ability to reach in forward, lateral and overhead motions
- Ability to climb stairs
- Ability to distinguish distance, colors, objects and people
- Ability to demonstrate depth perception
- Ability to hear conversation, monitor equipment, perform auscultation, use telephone and distinguish background noise
- Ability to distinguish sharp/dull and hot/cold
- Ability to perform fine and gross motor skills with both hands
- Ability to think clearly and calmly in stressful situations
- Ability to communicate effectively, verbally and in writing, using appropriate grammar, spelling and vocabulary
- Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*



**METROPOLITAN COMMUNITY COLLEGE AND AFFILIATES AUTHORIZATION AND DISCLOSURE FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS.**

In connection with my application for student clinical assignment/experience, I understand that a background investigation may be requested, which may include information concerning my character, academic background, credentials, driver history, prior addresses, names, employment, credit, work habits, work performance, work experience, reasons for work termination, general reputation, past behaviors, background and mode of living. I understand that Metropolitan Community College may seek and request information from public and private sources about employment, workers' compensation injuries, court records, driver records, criminal history, civil litigation history, education, credentials and references.

I understand that Metropolitan Community College may rely on any or all of the above referenced information in determining whether to extend an offer of student clinical assignment/experience or employment or continued aforementioned. This authorization shall remain on file and shall serve as an ongoing authorization to obtain any of the above referenced information during the term of the aforementioned.

This document permits the release of any information to Metropolitan Community College or their agent, Secured Data Services. I hereby authorize and release from any liability, any law enforcement agency, institution, information service bureau, school, employer, personal reference, Metropolitan Community College or their agent, Secured Data Services. A photocopy or facsimile of this authorization shall be as valid as the original.

**APPLICANT INFORMATION**

The following information is required for identification to conduct the background investigation:

Print name \_\_\_\_\_  
(last) (first) (middle)

Other/previous names \_\_\_\_\_

Society Security number \_\_\_\_\_

Current street address \_\_\_\_\_  
(street) (city) (state) (ZIP)

Prior addresses within the last 10 years (list street, city, state and ZIP)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For identification purposes only

Birth date \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_\_\_

My prospective college recognizes that age and sex are protected characteristics and that these two pieces of information will not be used as the basis for any offer of clinical assignment/experience or continuation of such.

Have you ever been convicted of a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, explain below)

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE AUTHORIZATION AND INFORMATION CERTIFICATION**

The above information is given voluntarily, and I understand that omission, deception or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment/experience.

Date signed \_\_\_\_\_ Applicant signature \_\_\_\_\_ Printed name \_\_\_\_\_  
(parent signature if minor)

**Reports requested**

The consumer and investigative consumer reports requests may include but are not limited to the following:  
(college checks all that apply)

\_\_\_\_ County criminal history \_\_\_\_\_ Nebraska Abuse Registry (attach separate form)

\_\_\_\_ USHHS list of excluded individuals and entities

**Requested by name/department/phone** *Stacey Ocander/Metropolitan Community College Health Careers/531-MCC-4789*  
Secured Data Services, P.O. Box 1554, Fremont, NE 68026-1554. Voice: 531-MCC-8260. Fax: 402-721-5706.







The PSB Health Occupations Aptitude Examination is selectively normed on applicants for admission to all of the various healthcare career choices and can predict an individual's readiness and capability for successful completion of the educational program designed to prepare qualified health care personnel. The examination addresses required prerequisite and acquired educational achievements commensurate with the objectives of the preparation program. It's comprised of five separate tests that measure abilities, skills, knowledge and attitudes important for success in the program and career choice.

**The Health Occupations Aptitude Examination consists of eight sections:**

**Part I – Academic Aptitude**

Academic aptitude as measured by the total (combined subtests), might be thought of as a type of ability to learn. The test content is specifically adapted for appraising the combination of innate and acquired abilities that are needed for work of an academic nature. The academic aptitude total emphasizes familiar experiences and concepts while requiring careful reasoning and the capacity to comprehend and draw conclusions.

**Verbal:** The Verbal aspect consists of vocabulary-related test questions. Empirical evidence has shown this type of test item to be highly related to academic success.

**Arithmetic:** The numerical aspect consists of items drawing largely from arithmetic. To some degree, it involves skill with arithmetical concepts along with computational speed. The content of the numerical items is that to which practically all eighth grade students have been exposed.

**Nonverbal:** The nonverbal aspect consists of test items calling for a comprehension of form relationships. Measurement is in terms of the ability to manipulate "things" mentally, to reason out differences in pictured objects, and to deal with concrete materials through visualization. Recognition of relationships and of differences has been shown by research to be basic to learning aptitude.

**Part II – Spelling**

The spelling test measures skill with a tool essential to written expression or communication. It also reflects educational achievement in basic tools of learning.

**Part III – Reading Comprehension**

This test measures ability to understand direct statements, interpret written content, see the authors intent, observe organization of ideas and to extract information from written material with respect to ideas and purposes; thus to read and comprehend what is read.

**Part IV – Information in the Natural Sciences**

Measurement with this test concerns accumulation of information in the natural sciences, i.e., biology, chemistry, health, safety, etc., at a fundamental level. The relationship of knowledge in the area of the natural sciences to the course of study of the allied health educational program is an obvious one.

**Part V – Vocational Adjustment Index**

The person's characteristic lifestyle is reflected in his or her distinctive educational and occupational adjustment. Feelings, attitudes, opinions and other personality characteristics and behavioral traits, which may be quite acceptable in many situations, may not be those desirable for the prospective healthcare professional either as a student or as a practitioner.

**Cost: \$25-\$85 depending on proctor.**

**Time limit: 2.5 hours**

