CENTRAL CASS COUNTY FIRE PROTECTION DISTRICT

BASIC EMT APPLICATION

Dear Prospective EMT Student,

Thank you for your interest in the Emergency Medical Technician Basic (EMT-B) Program at Central Cass County Fire Protection District, where futures begin.

We are excited that you are considering a career in Emergency Medical Services. The EMT-B Program at CCCFPD is designed to help students build the knowledge, skills, confidence, and professionalism needed to begin serving their community as emergency medical providers.

Central Cass County Fire Protection District is accredited by the Missouri Division of EMS to offer Emergency Medical Responder and Basic EMT courses, as well as Advanced EMT and Paramedic continuing education opportunities. Our program is built around student success, hands-on learning, and preparing students for the National Registry EMT certification process.

CCCFPD is proud to offer scholarship opportunities for qualified students who are accepted into the EMT-B Program. These scholarships are intended to reduce financial barriers and help students begin their EMS education without the stress of multiple separate program costs.

The EMT-B Program is offered as an all-inclusive program fee. This means the program cost includes tuition, deposit, textbooks, required online access, testing-related fees, and many other items that can often be cost prohibitive for students. By combining these expenses into one inclusive program cost, CCCFPD can make the enrollment process easier to understand and more manageable for students and scholarship partners.

Students should be aware that some personal or individual requirements may remain the responsibility of the student, including items such as physical examinations, background checks, drug screens, immunizations, transportation, personal technology needs, missed appointment fees, retesting fees, or any other costs not specifically included in the program fee.

The EMT-B Program is focused on helping students succeed both in the classroom and in their future EMS careers. Our staff works closely with students to help them understand program expectations, certification requirements, attendance standards, clinical requirements, and the steps needed to successfully complete the course. We also work closely with Fire Academy staff to support students who are pursuing a career in firefighting and emergency services.

CCCFPD accepts applications for the EMT-B Program on a continuing basis. Submitting your application early is strongly encouraged, as it allows our staff to review your information, discuss program-entry requirements, assist with scholarship opportunities when available, and help you prepare for the start of class.

A background check is required for departmental approval to enter certification courses. EMT certification courses are scheduled based on program planning, enrollment needs, and community interest.

Questions regarding CCCFPD's EMT-B Program, scholarship opportunities, application requirements, or upcoming course dates may be directed to the Education Office at 816-380-6744.

We are honored to be part of your educational journey and look forward to helping you take the next step toward a rewarding career in EMS.

Sincerely,

Central Cass County Fire Protection District
Education Division

ROBIN MCCARTHY
Assistant Chief and
EMS Director
phone: 816-380-6744
Fax: 816-884-3366
rmccarthy@cccfire.org
2507 SE Outer Rd
Harrisonville, Missouri 64701

Enclosed:
Health Careers application; EMT program application

Central Cass County FPD
Emergency Medical Technology

EMT Certification Program

Program Description

The EMT Certification Program at CCCFPD is entry-level training for the professional pre-hospital care provider. Students who successfully complete the program are eligible to take the National Registry of EMTs cognitive exam, which is required for State of Missouri EMT Certification. State of Missouri EMT Certification is required by state rule to continue on to EMT-Intermediate or Paramedic.

Admission Requirements

Minimum Age	18 years of age or 17 years of age and a high school senior.
General Admission to CCCFPD	Complete general requirements for admission (described on previous page).
Background Check	Complete required background check.

Once these requirements are met, contact the Director of EMS Education to secure departmental approval to register.

Field Experience Requirements

The EMT course includes lecture, lab, and field experience. The following items are required to schedule and participate in the field experience component of the course.

TB Testing and Vaccinations	Submit proof of vaccinations and TB test results before the first class session (Physical Exam and Immunization Documentation Form).
Physical Exam	Documentation from a physician for fitness to participate in the program before first class session (Physical Exam and Immunization Documentation Form).
Liability Insurance	Students are assessed the fee through the District's Enrollment Center when they register for EMT.
Health Insurance	Provide proof of personal health care insurance.
CPR	Successful completion of the Basic Life Support for the Health Care Provider component of the course.

Central Cass County FPD
Emergency Medical Technology

Anticipated Course Expenses

Estimated Costs for EMT Basic Certification	Cost
Subtotal for EMT Basic Certification	**2500.00**
Separate attachment (Exhibit A) with individual cost breakdown	

Central Cass County FPD
EMT Program Application

Received:

Program of Application

Please Print or Type All Information

Full Legal Name:

Last First

Address Apt#

City State Zip Code County

(This can also be your social security number)

Student Number

Email Address

Are you now or have you ever been enrolled at CCCFPD? ☐ Yes ☐ No

Separate official District transcripts for each District and university attended may be submitted to the Admissions Office along with application to the District by the applicant.

If you are transferring credits from another District or university, you must obtain an unofficial copy of your transcript to be included in the EMT Application Packet.

Complete the following blanks if you have attended any other District, university or other post-high school programs. (List in order of attendance, most recent first.)

Name of District/University	City and State	From (Month/Year)	To (Month/Year)

Are you a military service veteran? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No Misdemeanor? ☐ Yes ☐ No

Completion of this form and minimum program requirements does not constitute admission to the program. Applicants will be notified by letter when they are accepted into the program.

CCCFPD is committed to continuing affirmative action and equal opportunities of access to employment and education and thus does not discriminate against current or potential employees or students on the basis of race, color, religion, sexual orientation, national origin or ancestry, age, disability, sex, military status or status as a veteran. It is also the intent of the District to comply with appropriate federal and state laws, rules and regulations and to give special attention to increasing the participation of minorities, women, persons with a disability and disabled veterans in all levels of the District. It is also the intent of the District to ensure that its environment is free from harassment mentor intimidation of any kind.

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any of this application may result in cancellation of admission.

Signature of Applicant (Do Not Print) Date

Central Cass County FPD
Background Check and Conviction of Crime Acknowledgement

I understand and acknowledge that CCCFPD may develop or obtain one or more criminal background checks ("CBC") pertaining to me. The CBC may be used for evaluation of my eligibility for one or more limited-entry programs of the District, and eligibility for one or more clinical/practicum/internship training requirements with third-party organizations. I understand and acknowledge that the CBC may contain information concerning my criminal background. In all cases, all expenses associated with the CBC are to be my responsibility. If the results of the CBC are not deemed acceptable by the District, or if information received indicates that I have provided false or misleading statements, have omitted required information or in any way am unable to meet the requirements for completion of the program, my admission may be denied or rescinded, and/or I may be disciplined or dismissed. I further understand and acknowledge that if, while I am a student, I am convicted of a crime of any type, other than a minor traffic violation, I must report the offense to the applicable program manager in writing within 30 days of conviction (conviction includes plea arrangements, guilty pleas, pleas of no contest, findings of guilt, etc.).

I understand and acknowledge that these background checks will be obtained by the vendor chosen and specified by the District. The current vendor for this service is the Cass County Sheriff's Department. The vendor is subject to change at any time. Background checks obtained from a vendor other than the vendor chosen and specified by the District will not be accepted.

I acknowledge and understand that I may not be admitted to a clinical setting, be permitted to test for or be granted licensure or accreditation if I have been or in the future am convicted of a crime. I acknowledge and understand that admittance to a limited-entry program and/or completion of a program in no way guarantees that I will receive licensure, be permitted to practice and/or obtain future employment. I understand that I am financially responsible for all costs incurred as a student.

Student Signature (Sign)	Date
Student Name (Print)	S-Number

Central Cass County FPD
Emergency Medical Technology

Student Information Form

Last Name:	First:	Middle:	Former, If applicable:
Student Number:		State of Missouri EMT/Fire Certification Number:	
Date of Birth:		High School Diploma or GED: ☐ Yes ☐ No	

Please respond to the following questions to determine qualification for certification under OAC4765-8-01-A:

1. Are you at least 18 years old or a 17-year-old high school senior or graduate? ☐ Yes ☐ No

2. Have you ever been convicted of, pled guilty to, had a judicial finding of guilt for or had a judicial finding of eligibility for treatment/interventions in lieu of conviction for; or are you currently under indictment for any of the following: any felony; a misdemeanor committed in the course of practice; a misdemeanor involving moral turpitude; a violation of any federal, state, county, or municipal narcotics law or controlled substance law; an act committed in another state, that, if committed in Missouri would constitute a violation? ☐ Yes ☐ No

3. Have you ever been adjudicated mentally incompetent by a court of law? ☐ Yes ☐ No

4. Do you currently engage in the illegal use or illegal acquisition of controlled substances, alcohol or other habit-forming drugs or chemical substances while on duty as a first responder or EMT? ☐ Yes ☐ No

5. Have you ever committed fraud or material deception in applying for or obtaining a certificate to practice under Section 190 of the RSMO? Yes ☐ No ☐

6. Have you been convicted, in this state or another state, of providing emergency medical services or representing yourself as an EMS provider without a license or certificate, or a similar crime directly related to the profession of EMS? ☐ Yes ☐ No

7. If you are or have been certified or licensed as an EMS provider in this state or another state, is your certificate or license currently on probationary status, or has it been suspended or revoked by the board or the EMS certifying or licensing entity in another state? ☐ Yes ☐ No

The above information is true and correct to the best of my knowledge. I authorize the release of my state examination scores to the Missouri Dept. of Health and Human Services, and Central Cass County FPD. I understand that supplying false information may mean dismissal from all EMT classes.

Applicant Signature _____ Date _____

Self-Evaluation Form

Name _____ Student Number _____ Date _____

Directions

Please answer the following questions, choosing the answer that best describes your current circumstances.

Please identify your current EMT certification status:

- ☐ I do not hold any EMT certifications.
- ☐ I am a State of MO certified First Responder
- ☐ I am a State of MO certified EMT-Basic.
- ☐ I am a State of MO certified EMT-Intermediate. I
- ☐ am a State of MO certified EMT-Paramedic.
- ☐ I am EMT certified in a state other than Missouri. Level of certification: _____

Please identify any of the following health care licenses you may possess:

- ☐ I do not hold any other health care licenses.
- ☐ I am a registered nurse or licensed practical nurse. I
- ☐ am a respiratory therapist.
- ☐ I hold another health care professional license: _____

Please write a brief self-evaluation paragraph describing what you have done prior to applying to the EMT program and your future goals in providing pre-hospital care. It is acceptable to attach a word-processed paragraph to this form.