

# THREE RIVERS COLLEGE

## Admission Application for PARAMEDIC PROGRAM

Mail application to: Three Rivers College, 2080 Three Rivers Blvd, Poplar Bluff MO 63901  
Phone: 573-840-9672 Fax: 573-840-9055

*Official transcripts must be on file in Enrollment Services.*

Paramedic

Deadline: May 1 of the year program is offered

- Paramedic application must be received in the EMS Office by the close of business on the indicated deadline date.
- You must complete the Three Rivers College application online **prior** to the Paramedic application deadline.
- Applications are not processed or considered complete until the application is received in the EMS Office.
- Admission criteria are published in the current online College Catalog.
- **Completion of this application does not constitute admission to the program of study.**

### Personal Information

Please print clearly in ink.

Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student ID # \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle Initial
Maiden

Address \_\_\_\_\_  
Street
City
State
ZIP
County of Residence

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Resident of Three Rivers College District?  yes  no

### Education Background Information

Name of High School \_\_\_\_\_  

City
State

Graduated High School (year) \_\_\_\_\_

HiSET (year) \_\_\_\_\_  
Score
City
State

Other College/University \_\_\_\_\_  
Name of School
City/State
Dates Attended
#Credit Hours/Degree Earned

Other College/University \_\_\_\_\_  
Name of School
City/State
Dates Attended
#Credit Hours/Degree Earned

**Note: PARAMEDIC program applicants must be at least 18 years of age before the first day of class. The completed Paramedic application and the following must be on file in the EMS Office before the application deadline:**

- Copy of valid Missouri driver's license
- Copy of current Missouri EMT-Basic license
- Copy of current BLS Healthcare Provider card
- Letter of reference from Ambulance Director
- Letter verifying ambulance work experience

I certify that I am physically and mentally able to perform the usual duties and functions (with reasonable accommodations if necessary) of a paramedic and that all the forgoing information is correct. I understand that if any of the above facts have been misrepresented, it will be sufficient cause for being declared non-eligible or being dismissed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Three Rivers College  
Paramedic Program**

**Program Information**

**Program Outcome: Certification Pass Rate**

<b>2017 Information</b>	<b>Pass Rate</b>
2017	33%

**Program Outcome: Program Retention**

<b>2017 Information</b>	<b>% of Students</b>
2017	75%

**Program Outcome: Employment**

<b>2017 Information</b>	<b>% Employed</b>
2017	33%