

Boone County Fire Protection District Paramedic Education Program

2017 Standard / Military Track APPLICATION



The Boone County Fire District does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age or marital status in any of its policies, procedures, or practices. This nondiscrimination policy covers admission, employment and access to all Fire District programs and activities. Student rights, as delineated by law, are protected in all cases.

Revised December 7, 2016

COURSE DESCRIPTION

A variety of learning environments are utilized including didactic (classroom), practical skills laboratory, simulation, case studies, supplemental independent online study and supervised clinical experience. "Standard / Military Track" class sessions are scheduled every week for 42 weeks. There is an enrollment cap of ten students for the one section in this track. The section is made up of one or two groups of no more than 5 students. Groups are coached by a faculty member in the lab and simulation settings. This format provides a highly effective learning experience. The independent / online didactic portion of the program is supplemental (in order to comply with reimbursement rules set forth by the military) and encompasses approximately 300 hours of work. This material is used in our other tracks and is made available as a supplement to the classroom didactic work in this track. In addition, students should expect to commit additional hours working independently or with other students outside the classroom. The clinical experience portion of the course is expected to require a minimum of 500 additional hours and includes hospital / ER clinical sessions followed by the field phases.

COURSE LOCATION

Boone County Fire Protection District Headquarters (Northeast Classrooms)
2201 I-70 Drive NW , Columbia, Missouri 65202

APPLICANT REQUIREMENTS:

- Be at least 18 years of age
- Have at least a high school diploma or GED
- Have a valid Missouri EMT license no later than January 1, 2018.
- Be of good mental and physical health and able to lift and carry 100 to 150 pounds.
- Demonstrate proof of immunizations required for authorization to begin the clinical experience portion of the course. Details are available in the course's student handbook and will be presented at the first class session. Immunization records are not to be submitted with application but will be requested during the second semester of the course.
- Complete the background investigation. Applicants with records of felonies or misdemeanors may apply for enrollment in the class. However, it is possible that certain types of convictions may prohibit the issue of a license, regardless of class completion. The Boone County Fire Protection District cannot make determinations about licensure eligibility. Questions on specific matters related to this issue should be directed to the Missouri Department of Health and Senior Services Bureau of Emergency Medical Services at <http://health.mo.gov/safety/ems/>. The criminal

background check is a requirement of our clinical sites. Students who are ineligible to participate in clinical sessions due to issues in their criminal background check may be denied admission.

COURSE FEE / TUITION

Tuition \$6,000.00 Tuition is payable to the Boone County Fire Protection District. An application is not considered to be complete until at least the first payment of \$1,500.00 is received. Payment can be made by cash, check, Visa or MasterCard. There is a 1.5% processing fee for payments made by credit card. Tuition **includes a non-refundable \$50 application fee** that covers background checks and administrative services. This application fee is applied toward tuition.

Enrollment is limited in order to maximize the student experience. Thus, while a tuition payment plan is available, a commitment to full tuition is necessary. Failure to maintain satisfactory payment status will result in suspension from classroom and online activities. Payment issues are handled by the BCFPD Administrative Bureau. Contact the Administrative Services Bureau Director Shawna Schnieders at sschnieders@bcfdmo.com for details on the payment plan.

The course tuition includes textbooks, software package access codes, the required uniform shirts for the clinical experience portion of the program and costs of the required background and drug screenings. Costs for the National Registry testing are not included in the tuition. Students must provide, at their cost, the required clinical experience uniform pants, boots and jackets / coats. The cost of these common items is not included in the tuition because they are frequently items that many students already own. Details are provided in the student handbook.

Partial refunds will be considered when a written cancellation request is received. Requests should be submitted in person, by electronic mail or by postal service mail to the Boone County Fire Protection District. There will be no refund requests accepted after 5 pm on **September 1, 2017**. Any refunded amount would include a reduction based on the costs of background checks, text books, user accounts and any material or resource that cannot be reused. Students who remain in the program beyond the September 1, 2017 deadline are committed to paying the full tuition because they have consumed one of the limited spots in the class.

ADMISSIONS

Completed application forms with supporting documentation are to be submitted to the Boone County Fire Protection District Headquarters at 2201 I-70 Drive Northwest, Columbia, MO 65202.



**Paramedic Education Program
Application for Admission**

2017 Paramedic Course (Begins August 2017)

Standard / Military Track (not Hybrid)

Section M: _____ (meets every Tuesday 0900-1700 beginning August 15, 2017)

Date of Application: _____

First Name: _____ Middle Initial: ___ Last Name: _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Last four digits of Social Security# : _____ Date of Birth: _____

Primary Phone: _____ 2nd Phone: _____

E-Mail address: _____

Emergency Contact info:

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

I hereby affirm and declare that the information provided in this application is true and correct to the best of my knowledge and that any fraudulent entry may be considered sufficient cause for rejection from this program.

Applicant Signature: _____ Date: _____



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

SECTION A: TYPE OF SCREENING (Check as many as applicable)

- | | |
|---|--|
| <input type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge) |
| <input type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$13.00) |

SECTION B: REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

CAREGIVER NAME (LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

ADDRESSES FOR THE LAST 3 YEARS

STREET	CITY	STATE	STREET	CITY	STATE
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SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK))	DATE
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SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A above)

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590 (9-16)

- ◀ ATTN (REQUESTOR'S NAME)
- ◀ ADDRESS 1
- ◀ ADDRESS 2 (IF APPLICABLE)
- ◀ CITY, STATE, ZIP CODE

MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Health and Senior Services (573) 522-2449
3. The Employee Disqualification List, maintained by the Health and Senior Services (573) 522-2449
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-8567
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the appropriate address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

BLOCK I (To be completed by the requestor, or person obtaining information)

Section A: Type of Screening

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$13 payable to the Missouri State Highway Patrol. In addition, screenings for option 1, the child abuse or neglect file, require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). All other screenings are considered open information under state statute and do not require a notary's verification.

Section B: Requestor's Information

The requestor must complete Section B.

BLOCK II (To be completed by the caregiver, or person being screened)

Section C: Identifying Data for Background Screening

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

Section D: Authorization to Release Background Check Information

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screening 1 is selected.

Section E: Notary Information

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

BLOCK III (To be completed by the requestor, or person obtaining information)

The requestor must complete Block III by providing return address information.

Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.

SCREENINGS 1, 2, 3, 5 AND 6 SHOULD BE SENT TO:

Missouri State Highway Patrol
Criminal Justice Information Services Division
P.O. Box 9500
Jefferson City, MO 65102

SCREENING 4 SHOULD BE SENT TO:

Department of Mental Health
Central Office
1706 East Elm
Jefferson City, MO 65101
or Fax - (573) 526-4561

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA.

BACKGROUND SCREENING

Included with this application is a State of Missouri Caregiver Background Screening form. You may fill the form out however do NOT sign the form until you are in the presence of a notary. This form must be notarized at the time of signature. Boone County Fire Protection District has a notary on staff; therefore you may have the form notarized when you turn in your application. Otherwise you may make other arrangements for proper notary to be done elsewhere. The original notary must be turned in with application in order to be fully processed.

