Dear Paramedicine Program Applicant:

Thank you for your interest in the Paramedicine program at Missoula College (MC) of the University of Montana (UM)! Successful completion of the program enables students to take the National Registry Paramedic exam; our program’s graduates have a 100% pass rate on these examinations. As you prepare your application for submission, there are several items to consider.

The program application process is your opportunity to distinguish yourself as an applicant to the Paramedicine Program. Applications will be evaluated for minimum eligibility and then ranked on the categories listed below, with the opportunity for additional points as described.

- **Cover Letter:** tell us why you are applying, and what makes you stand out as an applicant.
- **Prerequisites / GPA:** see next page for details.
- **Interview:** Applicants meeting the minimum standards will be invited to an interview. Scheduling will be handled by the Paramedic Program Director, with interviews conducted by a panel consisting of the Program Director, Chair of Health Professions, Medical Director or his designee, a paramedic and an EMT.
- **Two letters of reference.**
- **Additional credit** will be granted for experience in the medical field.
- **Basic Emergency Medicine written exam / practical assessment** (to be held after application deadline).

Eligibility to Apply:

- **GPA:** A minimum GPA of 2.75 in most recent 20 college/university credits completed is required (all college/university coursework taken since high school is reviewed). This will include the pre and co-requisites.

  - **PRE and COREQUISITES (see next page):** Successful completion of five courses and current NREMT certification are required to fulfill the requirements of the Associate of Applied Science degree. While the EMT must be completed before entering the program, the remaining 5 courses can be taken at any time before program completion. However, applicants are STRONGLY encouraged to complete these 5 courses, and in particular Basic Anatomy (BIOH 108 or BIOH 104).

- **NREMT (National Registry EMT Certification):** Applicant must have their National Registry EMT.

- **Indicate preference for attendance track.** Indicate preference below and provide reasons for your preference in your essay.
  
  - **Fully in-person** – Designed for Missoula-area residents able to attend class three days/ week
  - **Hybrid** – Designed for Missoula-area residents able to attend class one to two days/ week
  - **Primarily online** – Designed for out-of-Missoula-area residents able to log in to lectures remotely and to attend 4 intensive lab sessions in Missoula (12 total days).

**Application Deadline – May 4, 2023:** All application data requirements and materials must be submitted by mail or in-person no later than Thursday, May 4, 2023 at 5:00pm. We hope this information will be helpful to you. We are eager to read your application and will provide feedback to you in a timely manner. If you have questions or concerns, please contact David McEvoy, Program Advisor at (406) 243-7904 or dave.mcevoy@umontana.edu

Sincerely,
David McEvoy, MS, NRP & CC Paramedic
Paramedicine Program Director
Paramedicine Program Advisor
**Course & Certification Requirements**

**COMPLETION OF COURSES:**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOH 108 (or 104) - Basic Human Anatomy</td>
<td>4</td>
</tr>
<tr>
<td>COMX 115S - Interpersonal Communications</td>
<td>3</td>
</tr>
<tr>
<td>MATH 105 – Contemporary Math (or higher)</td>
<td>3</td>
</tr>
<tr>
<td>WRIT 101 – Writing/English Composition</td>
<td>3</td>
</tr>
<tr>
<td>AHMS 144 - Medical Terminology</td>
<td>3</td>
</tr>
</tbody>
</table>

**CERTIFICATION OF:**

Emergency Medical Technician (NREMT)

**IMPORTANT NOTES**

- Pre-requisite science courses must be completed within 10 years of application submission AND with a maximum of two attempts during a 5-year period. Grades WP (withdrawal pass) and WF (withdrawal fail) count as an attempt. The most recent grade earned is used to calculate the pre-requisite GPA.

- Writing and Math pre-requisite grades older than 10 years may possibly be renewed for our application purposes by taking placement exams and scoring above our required course levels. If you are in this situation, please contact David McEvoy dave.mcevoy@umontana.edu

- College Level Entrance Program (CLEP) exam scores will attribute a grade of “C” only.

- Advance Placement (AP) exam scores without an assigned letter grade will be attributed a grade of “C” only.

**May be Applicable**

- Admission / Readmission to Missoula College:
  - Admission: If you have never been admitted to University of Montana-Missoula, Missoula College, or Bitterroot College, you must complete an [application for admission to Missoula College](http://admissions.umt.edu/apply/missoula-college).
  - Readmission: If you attended University of Montana-Missoula (4-yr campus) or Missoula College or Bitterroot College over 24 months ago, you must submit a [Readmission Application](https://www.umt.edu/registrar/students/Readmission%20Information.php), and check Missoula College as your campus.

- Changing from UM-Missoula Mountain Campus to Missoula College Campus:
  - Complete the [Intra-Campus File Transfer Form](https://www.umt.edu/registrar/PDF/intra%20Campus%20transfer%20form.pdf); and
  - Submit the form to UM Admissions in the Gilkey Center or email it to [admiss@umontana.edu](mailto:admiss@umontana.edu).

*(continued on next page)*
Detailed Application Instructions

SUBMISSION REQUIREMENTS (please follow instructions exactly) — **deadline Thursday, May 4.**

**APPLICATION FORMS**
- ☐ Page 4: Demographic & Contact information
- ☐ Page 5: Colleges/universities attended & upcoming courses
- ☐ Page 6: Healthcare Experience -- please include volunteer work and job shadow experiences. All are important.

**COVER LETTER:**
Your cover letter is extremely important — it introduces you to the selection committee and explains why you want to be accepted. Please use a formal letter format, with complete thoughts and your signature. Include your current address and phone number.

*Your letter must:*
1. Be between 300 and 500 words, no longer than 1 page
2. Explain why you are interested in the field of paramedicine
3. Explain your ability to manage the program’s rigorous time commitments
4. Describe the personal characteristics that make you a good candidate

**PROOF OF NREMT CERTIFICATION**

**TWO LETTERS OF RECOMMENDATION:** Provide each of your recommenders with an envelope with your name and “Recommendation Letter” on the front of the envelope. The recommender needs to seal the envelope and sign across the seal to ensure that we receive a confidential letter. Place both sealed/signed envelopes in your application packet.

**TRANSCRIPTS PLUS:**
- **UNOFFICIAL TRANSCRIPTS** from ALL colleges and universities attended.
  Please connect with David McEvoy if you have questions about this requirement at dave.mcevoy@umt.edu or 406-243-7846.
- **COURSE WAIVER:** If applicable, documentation of a course waiver or approved course substitution from Admissions or from Paramedicine Program Advisor.

**WHERE TO SUBMIT**
- All application materials **must be submitted in a sealed.**
- Include name, full return mailing address, as well as “Paramedicine Program” in upper left corner

<table>
<thead>
<tr>
<th>If submitting by mail:</th>
<th>If submitting in person — put in one of white drop boxes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedicine Program</td>
<td>Missoula College</td>
</tr>
<tr>
<td>Missoula College - UM</td>
<td>Health Professions Office, Room 441</td>
</tr>
<tr>
<td>1205 East Broadway</td>
<td>1205 East Broadway</td>
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<tr>
<td>Missoula, MT 59802</td>
<td>Missoula, MT 59802</td>
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</tbody>
</table>
Application Form for Admission in August 2023

(PRINT ONE-SIDED ONLY; 3 pages total)

This application must be legible and ALL pages submitted as single-sided.

PERSONAL INFORMATION

Full Legal Name

LAST

FIRST

MIDDLE

(Below – Enter Any Previous Legal Names(s))

LAST

FIRST

MIDDLE

♦ Last four (4) digits of Social Security Number

♦ UM/MC Student ID# 790-

♦ Veteran Status**: Non-veteran Veteran

** The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. “Veteran” is defined as a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.

♦ Current Mailing Address (if not accurate through Aug. 2023, enter date address is valid through)

Street / Apt# / PO Box

City State Zip Phone ( ) -

♦ Permanent Mailing Address (if same as above, check this box and skip to next item)

Street / Apt# / PO Box

City State Zip Phone ( ) -

♦ Check the email address that you prefer us to use for communication about your application.

♦ UM/MC Student Email Address

♦ Personal Email Address

(CONTINUED ON NEXT PAGE)
ALL Colleges / Universities Attended

♦ REQUIRED: an UNofficial transcript from each college/university attended.
♦ LIST ALL colleges/universities you have ever attended, including town and state located.

College / University + City & State: ______________________________________________________

College / University + City & State: ______________________________________________________

College / University + City & State: ______________________________________________________

College / University + City & State: ______________________________________________________

Upcoming Courses

List only if they do not appear on your transcript(s)

(Example: TERM TAKING: Summer 2022   SUBJ: WRIT  CRSE# 121)

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>TERM TAKING</th>
<th>SUBJ</th>
<th>CRSE#</th>
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</table>
Paramedicine Verification of Healthcare Experience  
(EMT, CNA, HCA, etc)

Upload this form for inclusion with your online application to the Paramedicine Program.  
*Please complete legibly.*  *(Copy this form to document additional experience if needed.)*

**APPLICANT NAME**  ________________________________  
*(please print)*

**EXPERIENCE #1:**
Your Position Title_________________________  Your Credentials_________________________
Organization Name_________________________  Organization Phone______________________
Organization Address________________________
Supervisor’s Name_________________________  Supervisor’s Title________________________
Supervisor’s Email Address__________________
Time Period (Start /End Dates)__________________________  # of Hours Worked______________

**Description of Roles & Responsibilities, including Patient Care:**

[ ] May we contact your supervisor?  YES  NO

**EXPERIENCE #2:**
Your Position Title_________________________  Your Credentials_________________________
Organization Name_________________________  Organization Phone______________________
Organization Address________________________
Supervisor’s Name_________________________  Supervisor’s Title________________________
Supervisor’s Email Address__________________
Time Period (Start /End Dates)__________________________  # of Hours Worked______________

**Description of Roles & Responsibilities, including Patient Care:**

[ ] May we contact your supervisor?  YES  NO

**SIGNATURE**  ____________________________  **DATE**                      

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PARAMEDICINE PROGRAM APPLICATION - FALL 2023 ADMISSION  _________________________________  PAGE 6 OF 6