MISSOULA COLLEGE
UNIVERSITY OF MONTANA

APPLICATION PACKET

PARAMEDICINE

DEPARTMENT OF HEALTH PROFESSIONS
ASSOCIATE OF APPLIED SCIENCE
SPRING 2027 APPLICATION FOR FALL 2027 PROGRAM START

CONTENTS PAGE(S)

Eligibility to Apply ____ 2
Application Evaluation & Candidate Ranking ____ 2
Candidate Selection Process ____ 2
Program Prerequisite / Corequisite Course List ____ 3
Prerequisite / Corequisite Restrictions & Requirements ____ 3
Application Completion Checklist ____ 3
Application Forms 1-5 ____ 4-8

DEADLINES: **Applications are accepted from March 8, 2027, with rolling admission. We will stop accepting applications when the course is full.**

ELIGIBILITY TO APPLY

- GPA: a minimum GPA of 2.75 in the most recent 20 college/university credits completed is required (all college/university coursework taken since high school is reviewed).
- PREREQUISITES: Successful completion of prerequisite courses per specifications listed on page 3. Note: you may apply in the semester you are completing the prerequisite courses.
- Proof of current NREMT certification
- Current Enrollment in the Missoula College University of Montana.

APPLICATION EVALUATION & CANDIDATE RANKING

Admission to the paramedicine programs is limited. Applicants are ranked according to:

1. Interview
2. Hands-on healthcare experience
3. References
4. Cover letter
5. Completed prerequisites

CANDIDATE SELECTION PROCESS

Step 1. Applications will be carefully read and evaluated by the Application Review Committee (ARC). With rolling admission, we will review applications as they arrive and interview eligible candidates every few weeks.



Please call or email us if you have not heard from us one week after submitting your application.

Step 2. All invited candidates are required to participate in an in-person or remote interview. Interview appointments will be scheduled once the Application Review Committee ("ARC") decides who will be interviewed. All other applicants will be notified about their status.

Step 3. After the interviews conclude, the ARC will make final selections about admission offers. All interviewed applicants will be notified by email within two weeks with an offer of immediate acceptance, placement on a waitlist, or a non-acceptance notice.

PROGRAM PREREQUISITE COURSES

Course Title	Semester Credits
• **BIOH 104 and 105 (Basic Human Anatomy and Lab)**	**4**
• **AHMS 144 (Medical Terminology)**	**3**
• **COMX 115S (Interpersonal Communications)**	**3**
• **MATH 105 (Contemporary Math or Higher)**	**3**
• **WRT 101 (College Writing 1 or English Composition)**	**3**



Course Age Limits, # of Course Attempts Allowed, & Minimum Grades

- **Science Courses:** Completion of prerequisite and corequisite science courses within 5 years of application submission AND a maximum of two attempts during 5 years. Grades of WP (withdrawal pass), WF (withdrawal fail), as well as CCR (complete credits), CR (credit/pass), and NCR (no credit/fail) count as attempts. The most recent grade earned is used to calculate the GPA of prerequisite courses.

- **All Other Prerequisite and Corequisite Courses** must be completed with a minimum grade of C and within 10 years of application submission AND a maximum of two attempts within 10 years. Grades of WP and WF (withdrawal pass and withdrawal fail), as well as CCR (complete credits), CR (credit/pass), and NCR (no credit/fail) count as an attempt.

  - ***Writing and Math prerequisite 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 dave.mcevoy@umt.edu ASAP and well before the application deadline.

APPLICATION COMPLETION CHECK LIST

- **Application Form 1:** Acknowledgment of Program Requirements
- **Application Form 2:** Demographic & Contact Information
- **Application Form 3:** College/Universities Attended + In-progress & Upcoming Courses
- **Application Form 4:** Verification of Healthcare Experience (additional forms can be used if necessary)
- **Application Form 5:** Supplemental Information (program, degree, and paramedic licensing and additional costs)
- **Cover Letter:** 1-page summary of your reasons for applying to the program and whether you are interested in in-person or hybrid attendance.
- **Copy of Current NREMT certification**
- **2 Letters of Reference**
- **Submit Application (beginning March 8, 2027):**
  - If by postal mail, print, complete, and send to
    David McEvoy
    Paramedicine Program
    Missoula College UM
    1205 East Broadway
    Missoula, Montana 59802
  - If by email, print, scan, and send to
    dave.mcevoy@umt.edu

(PRINT ONE-SIDED ONLY; 5 pages total)

Paramedicine Application Form #1 – 2027

Acknowledgment of Program Requirements

All paramedicine programs require a significant commitment of time and effort. Students must be dedicated and organized to successfully meet the rigorous program requirements in paramedicine lecture, laboratory, and clinical experiences.

The Missoula College Paramedicine Faculty is committed to our students'. There is a working partnership between paramedicine students and their instructors for students to gain the knowledge and skills necessary to advance in the program and, ultimately, to become excellent and caring paramedics. To achieve this, students must take responsibility for their learning. This means, not only reading assigned material but also contemplating it so that you are fully prepared to engage in class discussions and interactions.

Students must understand the expectations of the program:

- ☐ An expectation of a minimum of two hours of study per week for each credit enrolled. Most students spend more time than the minimal study expectation to be able to pass courses with a B grade to fully comprehend the lecture material and gain the required skills.
- ☐ We understand the need to work to support yourself and/or a family. However, most students find it challenging to work full-time and still succeed in their classes. Clinical experiences are scheduled when facilities have availability, and our clinical sites may change their schedules with short notice. Clinical hours may include long days, evenings, weekends, and night shifts. Students will be apprised of their clinical schedule each semester.
- ☐ Students are required to attend all lectures, lab, and clinical courses. Missed courses may result in failure of courses and dismissal from the paramedicine program. Please do not make vacation plans that would affect attendance in class or clinical. In most cases, absences cannot be made up due to the amount of material and skills covered in lectures and labs, and the limited availability of clinical experiences.
- ☐ Students will find that the amount of material covered, and the pace of the program may require more time and effort than was needed in their prior undergraduate courses. In the paramedicine program, students learn a "new language" and are exposed to complex and comprehensive paramedicine concepts that may require more effort and class interaction to truly comprehend and absorb. The primary focus in the paramedicine program is learning, comprehension, and the ability to apply the concepts and skills required to deliver safe and competent patient care.
- ☐ Students are expected to be prepared for every class, lab, and clinical experience. Extensive reading, pre-clinical preparation, and other assignments are required.
- ☐ The majority of the paramedicine program tests are modeled to be comparable to the paramedicine licensing exam. The tests are comprised of application, analysis, and synthesis-type questions rather than simple knowledge and recall, therefore critical thinking is required to answer questions correctly.

I certify that all of the statements in my application document submissions are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Missoula College's AAS program, I agree to organize my time and personal commitments so that I can meet the demands and requirements necessary to succeed.

_____ _____ _____

Paramedicine Application Form #2 – 2027 Admission

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 Dec. 2025, 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 ( ) _____-_____

♦ **<u>Check the email address you prefer</u> us to use for communication about your application.**

♦ UM/MC Student Email Address_____ □

♦ Personal Email Address_____ □

ALL Colleges / Universities Attended

An "unofficial" transcript is required from every college or university you attended.
This is *regardless of whether you submitted official transcripts to the Admissions Office –or– if your transfer courses show on another school's transcripts*.
Non-compliance risks disqualification.

- **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: _____

In-Progress & Upcoming Courses

Only if they don't appear on your transcript(s)

(***Example:*** *TERM TAKING: Fall 2024 SUBJ: WRIT CRSE# 101)*

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

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VERIFICATION OF HEALTHCARE EXPERIENCE

IMPORTANT NOTE: Your supervisor needs to be a person who holds healthcare credentials and who is qualified to evaluate your clinical performance. Their verification is necessary to confirm that YOU comply with:
- ► Employment in a setting that requires direct patient care; and
- ► This is for employment within the past 5 years in an applicable practice setting.

APPLICANT INFORMATION **Enter data electronically or PRINT CLEARLY; the page must be legible AND single side only.**

Name _____ Email _____

Address _____ Phone _____
Street or PO Box

_____
City *State* *Zip code*

APPLICANT EXPERIENCE **– hours must be documented below** (PRINT CLEARLY)
Use additional forms if hours of experience were performed for more than one supervisor or organization.

♦ Applicant Position Title _____ ♦ Organization Phone _____

♦ Name of Organization _____

♦ Organization Address _____
Mailing Address *& Physical Address if different than Mailing Address*

_____
City *State* *Zip code*

♦ Your Supervisor's Name & Position Title: _____

♦ Supervisor's Email Address: _____

♦ Applicant Credential *(attach applicable license/certif.)*: EMT ☐ Other ☐ **▼Total Hours (not per week)**
▲*"Other" healthcare experience is considered on a case-by-case basis.*

♦ Time Period (start & end dates) _____ # of Hours Worked _____
Additional Time Period if needed _____ # of Hours Worked _____

♦ Detailed Description of Responsibilities, Specifically Direct Patient *Care (use additional sheet if needed)*

APPLICANT AGREEMENT: By my signature below, I acknowledge that at the date of this form the above information is correct regarding hours worked, time periods work was performed during, and the duties performed.

_____ _____
Applicant Signature Date

SUPERVISOR AGREEMENT: By my signature below, I confirm the above-named applicant has completed the above listed hours of employment within 5 years prior to the date of this form. The information above accurately describes the experience of the applicant within this organization.

_____ _____
Supervisor Signature + Title + Credentials Date

Program, Degree, & Paramedic Licensing and Additional Costs

The following items/expenditures are required once admitted to the paramedicine program. Please note that these costs are approximate.

- **Tuition and Program Fees:** In-State, $17,000; Out-of-State, $40,000.
- **Software Modules:** Platinum EMS Testing $99; Platinum Planner $90.
- **Core ParamedicineTextbooks:** Jones and Bartlett Package $900.
- **Additional ParamedicineTextbooks:** Pharmacology; 12-lead Interpretation $250.
- **Immunizations:** $0 to $300.
- **Drug Test:** $45.
- **Uniforms / Medical Supplies:** $200.
- **ACLS/ PALS/ PHTLS/ AMLS texts and certifications:** $400.

The following expenses pertain to earning paramedicine licensure after graduating from the paramedicine program (costs listed are approximate).

- National Registry Paramedicine Licensing Exam Fee: $160
- Individual State Licensing Fees Vary (Montana is $35)

APPLICANT AGREEMENT: By my signature below, I acknowledge that I have read and understood this information

Applicant Signature _____ Date _____