

WEATHERFORD COLLEGE

# Paramedic Application Packet

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Emergency Medical Services



Application Opens	Application Closes	Mandatory Orientation
8/18/2025	12/16/2025	1/7/2026

*Acceptance letters will be issued no more than 1 week after applications close.*

*First Day of Class Online is 1/12/2026*

*First In-Person Class is 1/20/2026*

Thank you for your interest in the Paramedic program offered by the Weatherford College Emergency Medical Services (EMS) Department. We strive to consider all applicants fairly and consistently. This packet describes the steps involved in applying for the program.

To be selected for the Paramedic program, students must first meet the basic entrance requirements of Weatherford College. However, admission to Weatherford College does not constitute automatic acceptance into the EMS Department's programs. Weatherford College and the EMS Department are committed to nondiscrimination practices based upon race, gender, gender identity/expression, disability, age, religion, national origin, genetic information, or veteran status.

The program to which you are applying is both mentally and physically challenging. Due to the unique environment in which EMS personnel function, it is important to have a good understanding of the demands of the profession. A copy of the essential functions is included in this packet. Please review it carefully to assess your ability to perform the essential job functions of the profession. If you believe that you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact the EMS Department as soon as possible. While we will ensure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program's requirements, either with or without reasonable accommodations.

This packet also includes a list of the program's prerequisites and required forms. Please read carefully, complete all forms, and provide any necessary attachments. You should consult the checklist at the bottom of the form to ensure your application is complete. Please be aware that the time frame for immunizations is lengthy and you should plan accordingly. Additionally, each prospective student is highly recommended to complete an Anatomy and Physiology 1 & 2 course. Students who do not complete this recommendation are at a higher risk of being unsuccessful with the course as well as being able to keep at the pace of the program. Students may begin the application while enrolled in that course.

If you have any questions, please contact us. We will be happy to assist you.

Sincerely,

Samantha Grimsley

EMS Program Coordinator/Lead Instructor

225 College Park Dr.

Weatherford, TX 76086

(817) 598-6394

SGrimsley@wc.edu

## Essential Functions

To effectively perform as an EMS Professional, students need to be able to perform certain functions during their training and while employed. The essential functions delineated below are necessary for safe and effective patient care. These skills and abilities are required for program admission, progression and graduation.

Students must be able to perform all of essential qualifications with or without reasonable accommodations. Qualified applicants with disabilities are encouraged to apply to the program if they feel they can meet all of the essential functions. Students with disabilities must request accommodations through the Office of Students Accommodations at Weatherford College to be considered. Students granted reasonable accommodations are still expected to perform all essential functions, and the program is not required to provide requested accommodations that would fundamentally alter the essential functions, of the program and the outlined descriptions.

The essential functions include but are not limited to the ability to:

### ***SENSORY AND PERCEPTION***

1. See objects up to 20 inches away (computer text, syringe calibrations).
2. See objects up to 20 feet away (presence of individuals close by).
3. See objects greater than 20 feet away (road signs, house numbers).
4. Distinguish color (color-coded supplies) and shading (skin signs).
5. Use peripheral vision and depth perception in emergency settings.
6. Perceive differences in surface characteristics (palpate anatomic landmarks).
7. Read fine print in varying levels of light.
8. Read for prolonged periods of time.
9. Read at varying distances.
10. Read data/information displayed on monitors, equipment, maps and computers.
11. Identifies and responds to key audible stimuli including radio traffic, alarms, warning sounds as well as audible findings on the physical exam.
12. Detect and discriminate high and low frequency sounds produced by the body and the environment.
13. Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location, and other physical characteristics.
14. Perceive odors from faint to noxious (body odors, smoke, gas, alcohol).

15. Ability to use the senses to make correct judgments regarding patient conditions and safely administer pre-hospital emergency care.

***COMMUNICATION/INTERPERSONAL RELATIONSHIPS***

1. Communicate by phone, radio, computer, and other electronic devices.
2. Express one's ideas and feelings clearly.
3. Communicate effectively/accurately with fellow students, faculty, dispatch, patients, and members of the healthcare team.
4. Be able to send and receive verbal and nonverbal messages.
5. Verbally and in writing, engage in a two-way communication and interact effectively with others from a variety of social, emotional, cultural and intellectual backgrounds.

***COGNITIVE/CRITICAL THINKING***

1. Effectively read, write, and comprehend the English language.
2. Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical decisions in a variety of settings.
3. Demonstrate satisfactory performance on written examinations, including mathematical computations without a calculator.
4. Satisfactorily achieve the program objectives.
5. Comprehend new knowledge and apply it in the practice setting.
6. Organize, problem-solve, and make decisions.
7. Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations.

***MOTOR FUNCTION***

1. Handle and operate small delicate equipment/objects without extraneous movement, contamination or destruction.
2. Move, position, turn, transfer, assist with lifting, or lift and carry patients without injury to patients, self, or others.
3. Push/pull heavy objects without injury to patient, self, or others.
4. Function with hands free for prehospital care and transporting items.
5. Maneuver in small areas.

6. Calibrate/use equipment.
7. Perform CPR and physical assessment (repetitive motions and upper body movement).
8. Have the physical ability to walk, climb, crawl, bend, squat, push, pull, or lift and balance over uneven and less than ideal terrain.
9. Have good physical stamina and endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 lbs., 250 lbs. with assistance.
10. Have good hand-eye coordination and manual dexterity to manipulate equipment, instrumentation, and medications.
11. Stand/walk/sit for long periods.
12. Ride in all positions in ambulance or response unit without motion sickness.
13. Move with sufficient speed to respond to an emergency.
14. Maintain balance, sitting and standing, in motion and still.
15. Reach above shoulders and below waist.
16. Safely and effectively restrain a patient.
17. Preserve own safety and assist others in preserving safety.

#### ***BEHAVIOR AND SOCIAL***

1. Demonstrate and value caring, respect, patience, sensitivity, tact, compassion, empathy, tolerance, and a healthy attitude toward others.
2. Demonstrate a healthy mental attitude that is age-appropriate.
3. Handle multiple tasks concurrently.
4. Function effectively in situations of uncertainty and stress inherent in providing prehospital care.
5. Report promptly to class and clinical rotations and able to function for up to 24 hours.
6. Accepts responsibility, accountability, and ownership of one's actions.
7. Possess sufficient emotional stability to be able to perform duties in life or death situations and in potentially dangerous social situations.
8. Be oriented to reality and not mentally impaired by mind-altering substances.
9. Work effectively in groups and independently.
10. Maintain concentration on situation and tasks as long as necessary.
11. Maintain professional demeanor in all interactions and at all times.

12. Maintain professional therapeutic boundaries.
13. Adapt to sudden, expected, or unexpected change.
14. Respond appropriately to stress and other strong emotions, both your own and others'.
15. Negotiate interpersonal conflicts to successful resolution.
16. Establish rapport with patients, bystanders, and coworkers as appropriate.
17. Appreciate and value diversity (social, cultural, spiritual, racial, or other).
18. Recognize emotions, both own and others'.
19. Provide emotional support to patient and others as appropriate.
20. Value and demonstrate honesty, integrity, and justice.
21. Demonstrate professional ethics and adhere to ethical standards in all situations.

### ***MATHEMATICS***

1. Perform accurate measurements (weight, temperature, volume, or time).
2. Count events or instances (pulse rate, drip rate).
3. Perform arithmetic (add, subtract, multiply, and divide, including fractions).
4. Convert numbers to or from the metric system.
5. Comprehend graphs and charts.

### ***ENVIRONMENT***

1. Adapt to changing environments and situations.
  2. Be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes and noise.
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## **Recommendations**

It is highly recommended that students complete Anatomy and Physiology 1 & 2 before attending the Paramedic Program. Students who do not take the course are more likely to be unsuccessful in the course and be able to keep up with the pace of the program.

## **Disability Accommodations**

Students or prospective students with disabilities can contact the Office of Disabilities and Accommodations. The Office of D/A exists to assist students with documented disabilities as they pursue their goal of a college education. The office serves as a liaison between students and the college in matters of communication and action toward the achievement of reasonable accommodations. Each student is encouraged to act as his or her advocate and take the major responsibility for securing accommodations. The Office of D/A provides students with the voluntary and confidential means to seek accommodations for academic and related needs. Early and regular contact will ensure the timely identification of needed services and the location of resources and options available to the student.

Eligibility for disability services at Weatherford College is dependent upon the nature of the disability and its impact on learning. A disability is defined as any mental or physical condition that substantially limits an individual's ability to perform one or more major life activities. These disabilities may be: physical, visual or auditory, neurological or psychological in nature, and also include chronic health problems and learning and communication disorders.

The Office of D/A is located in Student Services. Due to the high volume of students who receive services through this office, it is highly recommended that students make appointments with the counselor in the Office of Disabilities and Accommodations located in Students Services or call 817-598-6350.

## **Uniforms (*DO NOT PURCHASE UNTIL DIRECTED TO*)**

You will be required to wear specific uniforms during both the classroom and clinical portions of this program. Additional information is found later in the packet. Students are expected to wear the classroom uniform starting the first day of class.

The uniform will consist of the following:

- Light-blue, short- or long-sleeved Academy uniform shirt (see program-specific addendum for sleeve patch placement)
- Sleeves covering tattoos covering must be tan, white, or black only
- Academy program-specific T-shirt as an undershirt
- Dark navy, tactile/EMS pant
- Silver-colored, metal nameplate (first initial, last name – black lettering) worn centered over the right chest pocket
- Black leather inner belt
- Black, polishable uniform or boots, or all-black shoes including the sole
- Black crew socks (if shoes or low-quarter boots are worn)
- Navy blue ball caps with either no visible logo or an authorized WC EMS program logo can only be worn during outdoor events related to the WC EMS program or as approved by the Program Coordinator
- Cold weather wear-plain Weatherford College or PSP soft shell jacket or navy quarter zip job shirt with either the following embroidered on at the student's expense:
  - EMS or PSP logo, student name, and appropriate patches either sewn or velcroid on. Jackets and job shirts can be purchased separately and taken to the uniform store for embroidery.

Restrictions are also placed on hair color, facial hair, nail polish, nail length, perfume, piercings, and jewelry. These restrictions are based on professional and safety standards. The uniform must be clean and pressed. Clinical sites, preceptors or Weatherford College EMS Department staff may turn you away if they feel your dress or general appearance is inappropriate.

### ***Uniform Vendors***

Students who need to purchase uniforms may do so from any source. However, the uniforms must meet the specifications of the EMS program.

**North Texas Uniforms-** Provides pants, uniform shirts, belts, patches, and boots.

151 College Park Dr. Weatherford, TX 76086

(817) 599-7160



## Supplies

Students will be required to purchase a stethoscope, pen light, watch, and safety goggles for use during laboratory sessions and clinical rotations. A laptop that is capable of internet access for use during class, homework, and clinical rotations. (Students accepted into the program can rent one from the college.)

## Books (**DO NOT PURCHASE UNTIL DIRECTED TO**)

To be successful in this program you will need to purchase and read the course textbook. The textbook is available at the Weatherford College Bookstore but may also be purchased online.

- Paramedic Care: Principles and Practice -Bledsoe & Porter-6<sup>th</sup> edition (ISBN 9780137664436)
- Pharmacology Manual-WC Custom (Only available at Weatherford College Bookstore)
- Basic Arrhythmias-Walraven-8<sup>th</sup> edition (ISBN 9780134380995)
- 2020 Handbook of Emergency Cardiovascular Care-American Heart Association (ISBN 9781616697662)

## Class Schedules

The Spring class operates on a rotating 48/96 “A” shift schedule. Classes will not be held on weekends. Additionally, clinical rotations will be scheduled outside of class hours, at times arranged with the clinical sites. The course spans from January to December, covering three semesters without breaks in between.

## Courses

### *First Semester*

- EMSP 1438-Introduction to Advanced Practice-Basic equates to 4 college credit hours.
- EMSP 1456-Patient Assessment and Airway Management equates to 4 college credit hours.
- EMSP 1455-Trauma Management equates to 4 college credit hours
- EMSP2360-Clinical 1 equates to 3 college credit hours

### *Second Semester*

- EMSP 2306-Emergency Pharmacology equates to 3 college credit hours
- EMSP 2534-Medical Emergencies equates to 5 college credit hours
- EMSP 2444-Cardiology equates to 4 college credit hours
- EMSP 2261-Clinical 2 equates to 2 college credit hours

### *Third Semester*

- EMSP 2430-Special Populations equates to 4 college credit hours
- EMSP 2305-EMS Operations equates to 3 college credit hours
- EMSP 2162-Clinical 3 equates to 1 college credit hours
- EMSP 2243-Assessment Based Management equates to 2 college credit hours
- EMSP 2264-Capstone Practicum equates to 2 college credit hours

***At no time will a student register themselves for the EMSP courses.***

## Costs

Tuition and General Fees are based on your address on file. Please refer to the chart below.

**The Program is paid per semester.**

### College Fees:

Paramedic Program: <i>1<sup>st</sup> Semester</i>	In-District:	Out-of-District: (Wise County)	Out-of-District:
<b>Tuition</b>	\$1,875	\$2,430	\$3,300
<b>Institutional Enrichment Fee</b>	\$375	\$375	\$375
<b>Technology Fee</b>	\$225	\$225	\$225
<b>Lab Fee</b>	\$72	\$72	\$72
<b>Parking Fee</b>	\$30	\$30	\$30
<b>Total Cost</b>	<b>\$2,577</b>	<b>\$3,132</b>	<b>\$4,002</b>

Paramedic Program: <i>2<sup>nd</sup> Semester</i>	In-District:	Out-of-District: (Wise County)	Out-of-District:
<b>Tuition</b>	\$1,750	\$2,268	\$3,080
<b>Institutional Enrichment Fee</b>	\$350	\$350	\$350
<b>Technology Fee</b>	\$210	\$210	\$210
<b>Lab Fee</b>	\$48	\$48	\$48
<b>Total Cost</b>	<b>\$2,358</b>	<b>\$2,876</b>	<b>\$3,688</b>

Paramedic Program: <i>3<sup>rd</sup> Semester</i>	In-District:	Out-of-District: (Wise County)	Out-of-District:
<b>Tuition</b>	\$1,500	\$1,944	\$2,640
<b>Institutional Enrichment Fee</b>	\$300	\$300	\$300
<b>Technology Fee</b>	\$180	\$180	\$180
<b>Lab Fee</b>	\$48	\$48	\$48
<b>Total Cost</b>	<b>\$2,028</b>	<b>\$2,472</b>	<b>\$3,168</b>

***All tuition and fees are subject to change.***

## Additional Fees:

<b>Immunizations:</b> <i>(if no proof is provided the cost could be up to)</i>	<b>CastleBranch Background and Drug Screening:</b>	<b>CB Bridges:</b>	<b>Clinical Software:</b>	<b>Textbooks:</b> <i>(Varies based upon place of purchase)</i>	<b>Uniforms/Other Expenses:</b> <i>(Varies based upon needs)</i>	<b>NREMT Examination Fee:</b> <i>(Per attempt)</i>
\$415	\$128	\$10	\$120	\$650	\$500	\$175
<b>Additional Fees Can Vary Up to \$1,998</b>						

*All additional fees are subject to change.*

### Immunizations

If proof of immunizations cannot be located, outdated vaccines need to be updated, or titers need to be drawn students may endure the cost of such. This can vary from student to student. No exemptions are accepted regardless of medical or religious reasons.

- Covid vaccine – Highly recommended by the clinical sites that Weatherford College is affiliated with. Clinical sites retain the authority to enforce COVID-19 vaccination mandates, this can potentially affect student participation in clinical rotations and graduation requirements. Exemptions and accommodations for the COVID-19 vaccine requirement will not be available if clinical site mandates are implemented.

### CastleBranch Background and Drug Screening:

Upon conditional acceptance into the Paramedic program, all students will be required to purchase a separate package code given by the Program Coordinator for CastleBranch to run a criminal background check and drug screening. Students will be given 10 days to complete such task or they will be dismissed from the program.

### CB Bridges:

A student link of the clinical compliance tracker to one of our clinical site partners. Each student is required to purchase this code upon being accepted into the program.

### Clinical Software:

This platform handles all the reporting of student's clinicals, schedules, labs, skills, and documents. It is required to be purchased on the first day of the program.

### Textbooks:

Prices can vary on textbooks based upon the site of purchasing the book, rental, hard copy, and digital copy. Weatherford College has the most up-to-date prices on books.

### Other Expenses:

NREMT Exam cost, uniforms, academy patches, and major medical health insurance (varies) should the student not have medical insurance.

## Payment

Once registered students are responsible for logging into Coyote Connect and making payments through the student finance portal. It is the student's responsibility to ensure a payment plan is in place before the drop dates outlined on the WC website.

### **How to Enroll in a Payment Plan Student Instructions:**

1. Go to the Weatherford College website, log into Coyote Connect, and click on the Student Finance tab.
2. From the Account Summary screen, Click on Payment/Refund Options.
3. Click on Continue to Payment Center.
4. From the Student Account screen, click on Enroll in Payment Plans.

### **Scholarship Opportunities:**

<https://wc.edu/paying-for-weatherford/scholarship-opportunities/index.php>

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# **Step-by-Step Instructions for Applying for the Paramedic Program**

## **STEP 1: REVIEW ESSENTIAL FUNCTIONS**

Please review the Essential Functions at the beginning of the packet and confirm that you can meet the program's physical and mental requirements.

## **STEP 2: APPLY TO WEATHERFORD COLLEGE**

1. **Online Application:** Visit [www.WC.edu](http://www.WC.edu) and click "Apply Now"
2. **List Major on Application:** Emergency Medical Technician-Advanced Certificate Paramedic
3. **Submit official copies of all transcripts (High School and Any College) online to the College AND bring hard copies to the coordinator.**
4. **Meningitis Vaccine (if under 21):** Provide proof of a meningitis vaccine within the last 5 years to Admissions.
5. **Complete the TSI Exam (unless exempt as a college graduate or veteran):** If Military, please contact Tammy Peters at 817-598-6243

## **STEPS 3 - 7: APPLY TO THE EMS DEPARTMENT**

***(All Required Documents Must Be Submitted on the Scheduled Date of the Entrance Exam to the EMS Dept.)***

## **STEP 3: OBTAIN AND SUBMIT OF ALL REQUIRED VACCINES & CERTIFICATIONS**

- **Mumps, measles, and rubella vaccine**
  - 2 doses required or titer drawn within 6 months of program start date
- **Varicella vaccine**
  - 2 doses required or titer drawn within 6 months of program start date
  - History of the disease will not surpass the requirement
- **Hepatitis B vaccine**
  - 2 or 3-shot series based on vaccine requirement or titer drawn within 6 months of program start date
  - This vaccine can take up to six months to complete if no previous record
- **Tetanus, diphtheria vaccine**
  - Within the last 10 years. D-tap will not be accepted
- **Negative TB Skin Test**
  - PPD TB Skin test completed within the last year or a radiologist report of a negative chest x-ray within the last 3 years.
- **Influenza vaccine**
  - For the current season

- **Meningitis vaccine (For anyone under 21 years of age)**
  - Within the last 5 years
- **American Heart Association BLS Provider CPR Card**
  - Some clinical sites do not accept CPR cards from the American Red Cross, so this certification is not acceptable for admission to the program.
  - CPR Cards cannot expire before the end of the course.
  - We *DO NOT* accept Heartsaver CPR courses from the AHA. These are not designed for professional healthcare providers.
- **Health insurance card**
  - Short term insurance can be purchased through [www.ejsmith.com](http://www.ejsmith.com)
  - Dependents on a parent's insurance card must submit proof of being listed on the policy if the student's name is not listed on the card.
- **DSHS or NREMT EMT Certification**
  - Recent EMT graduates will need to provide proof of the Texas DSHS EMT certification upon being accepted into the program.
- **Driver's License**
  - Provide a color copy of the front and back of your current driver's license
- **Fill out the demographic form and cadet waiver form**
  - Located at the back of the packet.
  - The cadet waiver form must be signed in front of a notary.
- **Official hardcopy transcripts**
  - Provide official hardcopy transcripts sealed regardless of submission by electronic to the registrar's office

## **STEP 4: COMPLETE AND SUBMIT THE PERSONAL HISTORY STATEMENT LOCATED AT THE END OF THE APPLICATION PACKET.**

## **STEP 5: LETTER OF REFERENCE**

A letter of reference from a professional must be sent directly via email to the program coordinator [SGrimsley@wc.edu]. The letter must be written on official letterhead, include the professional's contact information, and provide specific details explaining why you are an excellent candidate for the program.

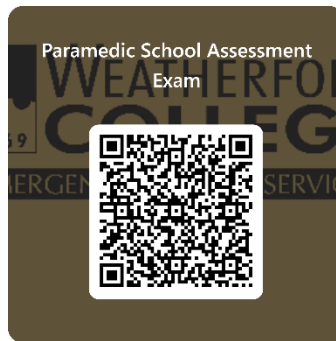
## **STEP 6: SCHEDULE THE PARAMEDIC ENTRANCE EXAM**

Schedule and complete the Paramedic Entrance Exam. Please register for the exam at

<https://forms.office.com/r/GxeYyvWLxZ>

or

SCAN



(This is different from the TSI exam; every applicant **MUST** complete it.)

### **STEP 7: SUBMIT THE REQUIRED ESSAY**

Submit a 500-word minimum essay detailing the traits and characteristics essential for becoming a great paramedic, along with your expectations for attending Weatherford College's Paramedic Program.

- Essays generated by AI or containing plagiarism will not be accepted.
- All references must be properly cited.

### **STEP 8: WAIT FOR ACCEPTANCE**

*Acceptance into the College Does NOT constitute an acceptance into the Paramedic Program. Tentative acceptance letters will be sent out within 1 week of the application closing. Those letters have specific directions with a deadline. Students need to monitor the email account listed on their paperwork.*

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*Upon receiving a tentative acceptance into the EMS program, students will be provided with an additional CastleBranch package code. A deadline will be established for the purchase and completion of the drug test. Failure to complete the drug test by this deadline will result in the forfeiture of the student's acceptance into the program, which will then be offered to another candidate.*

## **Criminal Background Check**

Our Clinical Affiliation Agreements require that students complete and submit a criminal background check before being granted access to those facilities.

There are two categories of crimes:

- Students may never have convictions, including a conviction for an attempt, conspiracy, or solicitation at any time from any state or jurisdiction for an offense listed in section 250.006(a) or (c) of the Texas Health and Safety Code or in section 301.4535 of the Texas Occupation Code as may be amended or recodified.
- Students may not have convictions in the last five (5) full years from any state or jurisdiction for an offense listed in section 250.006(b) of the Texas Health and Safety Code as may be amended or recodified.

In addition, students are subject to further criminal background screening for cause.

***Do not complete this process until you are advised by the EMS Department!***

## **Drug Screening**

Our Clinical Affiliation Agreements require that students complete and submit a drug screening before being granted access to those facilities.

Students who test positive for the following substances, without providing a prescription, will not be allowed to complete clinical rotations:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine Metabolites
- Marijuana
- Methadone
- Methaqualone
- Opiates
- Oxycodone
- Phencyclidine
- Propoxyphene

This list may be amended by the clinical sites. In addition, students are subject to further drug screening and criminal background screening for cause.

***Do not complete this process until you are advised by the EMS Department!***

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## Evaluation of Applicants

The Paramedic Program is a limited admissions program involving a competitive process that requires we cap our classes per cohort. As such a screening process is being set to give students a fair chance at admittance while maintaining the best overall outcomes for student success.

By use of the entrance exam and essay process, students who show basic concerns about success in the program or a lack of understanding of the commitment/requirements of the program will be notified of such however no student is denied a fair chance of participating in the program. The applicant will be allowed to decide based on the Program Coordinator's concerns on the decision to continue with the application process.

Because of the limited spots, it is highly recommended that this entire packet be reviewed with the prospective student to have a clear understanding of the requirements this program will demand.

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**Please return the following pages along with the required documents to the  
EMS Department during your scheduled exam.**

**Main Campus**

*Jack Knight Building RM. 130*



# **Weatherford College**

## **EMS Department**



### **Application and Personal History Statement**

Name: \_\_\_\_\_

Sponsor/Agency: \_\_\_\_\_

Program Applying for:

EMT

Paramedic

Date of Application: \_\_\_\_\_

Year / Semester Applying For: \_\_\_\_\_

#### **Instructions:**

This personal history statement is a required part of the application for the EMS programs. It will be turned in when you come for your interview (EMT) or entrance exam (Paramedic). This meets part of the background check requirement, so it is imperative that you follow the directions.

1. Your application must be typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

## Section 1: Personal Information

Weatherford College Student ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Do you have a reliable form of transportation? Yes No

Street Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

List Email Addresses:

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Alt. Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

## Section 2: Education

Have you ever attended an EMS course?                      Yes                      No

If yes, give dates and program(s) attended.

A. Academy Name: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Location (City, State) : \_\_\_\_\_

Program Coordinator or Lead Instructor Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Did you graduate?                      Yes                      No

B. Academy Name: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Location (City, State) : \_\_\_\_\_

Program Coordinator or Lead Instructor Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Did you graduate?                      Yes                      No

## Educational History

**NOTE:** You will be required to furnish transcripts for high school and colleges or universities.

Check applicable:                      High School Diploma                      GED

### Last high schools attended or where you obtained your GED:

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Did you graduate?                      Yes                      No

2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Did you graduate?                      Yes                      No

### List all colleges or universities attended:

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Did you graduate?                      Yes                      No

Degree Earned: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Did you graduate?                      Yes                      No

Degree Earned: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

3. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Did you graduate? Yes No  
 Degree Earned: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

**List any trade, vocational, or business schools/institutes attended:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_  
 From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Course completed: Yes No

2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_  
 From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Course completed: Yes No

3. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_  
 From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Course completed: Yes No

**Have you taken the following classes:**

1. Medical Terminology	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	
2. Anatomy and Physiology 1	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	
3. Anatomy and Physiology 2	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

### Section 3: Experience and Employment

List ALL jobs you have had in the last 3 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).

1. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Full-Time Part-Time Temporary Self-Employed  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Full-Time Part-Time Temporary Self-Employed  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Full-Time Part-Time Temporary Self-Employed  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Full-Time Part-Time Temporary Self-Employed  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

5. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Full-Time Part-Time Temporary Self-Employed  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employment Questions

1. Have you ever been disciplined at work? ( This includes written warnings, formal letters of reprimands or suspensions ).  
Yes No
2. Have you ever been fired or asked to resign from any place of employment?  
Yes No
3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  
Yes No
4. Have you ever resigned without giving two weeks' notice? Yes No
5. Have you ever resigned in lieu of termination? Yes No

- |  |     |    |
|--|-----|----|
| 6. Were you ever the subject of a written complaint at work?                                     | Yes | No |
| 7. Have you ever been counseled at work due to lateness or absences?                             | Yes | No |
| 8. Did you ever receive an unsatisfactory performance review?                                    | Yes | No |
| 9. Have you ever sold, released, or given away legally confidential information?                 | Yes | No |
| 10. Have you ever called in sick when you were neither sick nor caring for a sick family member? | Yes | No |

If yes, how many sick days have you used in the past 3 years that were not due to illness? \_\_\_\_\_

If you answered "Yes" to any of questions 1-10, explain the situation. (Include when, where, and circumstances; indicate the corresponding question number) :

### **Military Experience**

Do you have military experience?                      Yes                      No

Branch of Service: \_\_\_\_\_ Served from: \_\_\_\_\_ To: \_\_\_\_\_

Discharge Type:

Entry Level	Honorable	General	Other than honorable
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Are you currently participating in one of the following?

Military Reserve	National Guard
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If Yes, Date Obligation Ends: \_\_\_\_\_

Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as court martial, captain's mast, office hours, company punishment)?                      Yes                      No

Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?                      Yes                      No

If yes to either of the last two questions, explain. Include details and circumstances.



## Section 4: Additional Questions

1. Have you been convicted of any charge that would preclude you from gaining approval from the State of Texas to practice as an EMS provider?

Yes

No
2. Are you or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?

Yes

No
3. Do you have, or have you ever had, a tattoo signifying membership in or affiliation with a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?

Yes

No
4. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?

Yes

No

If you answered “Yes” to any of the above 4 questions, give details, dates, and circumstances. Indicate the corresponding question number.

Why are you interested in earning an EMS certification?

***(If applying for Paramedic Program)***

If you have no previous medical industry experience, please provide us with any relevant work experience in which you have acquired skills, knowledge, and/or attributes which are necessary to be a paramedic.

## **Section 5: Social Media Sites**

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat, etc.)?

Yes

No

List all social media sites, blogs, and websites that you have created. Provide the website URL and your username.

## **Section 7: Additional Space**

If there is any additional information that does not fit elsewhere on this form (e.g., additional schools, employers, explanations to questions, etc.) use this box. Make sure to identify the corresponding section, question number, and specific item being referenced.



## **\*Law Enforcement Academy \* Fire Academy\* Paramedic\* EMT**

### **CADET FILE WAIVER**

I \_\_\_\_\_ represent and warrant the answers I have made to each and all of  
*Print Name*

the foregoing questions are full and true to the best of my knowledge and belief. So that the officials of the Weatherford College Public Safety Professions programs (LEA, EMT, Paramedic & Fire Academy) may be fully informed as to my character and qualifications for enrollment in the academy, I refer them to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of whatsoever nature an account of furnishing such information. I acknowledge that any false statements, omissions, or misrepresentations knowingly made in answering the above questions are good cause for removal from consideration for the Academy or discharge during it.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary public in and for, State of \_\_\_\_\_

My commission expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary

Notary seal or stamp

\_\_\_\_\_  
Signature of Notary

# Paramedic Program Application Completion

Please bring all required documents to  
225 College Park Dr. (Jack Knight Bldg. Rm 130)  
Weatherford, Tx 76086

**INCOMPLETE PAPERWORK** will **NOT** be considered for the program.

As you complete the checklist, put your initials in the left column. Before you come for your exam, you should have initialed all the rows. If it will take longer to get a follow-up vaccination, contact [sgrimsley@wc.edu](mailto:sgrimsley@wc.edu) or 817-598-6394.

STUDENT INITIALS	COMPLETION CHECKLIST	SUBMITTED INST INITIALS
	Weatherford College Application completed	
	TSI Test Completed. (Unless military or college graduate)	
	Official transcripts were submitted to the college electronically	
	Transcripts hardcopy obtained and sealed	
	Proof of Meningitis vaccine within last 5 years (if under 21)	
	Proof of MMR (2 shots or titer)	
	Proof of Varicella (2 shots or titer)	
	Proof of Hepatitis B (3 shots or titer)	
	Proof of Negative PPD Skin TB or Chest X-ray	
	Proof of Tetanus vaccine	
	Proof of Influenza vaccine (for current season)	
	Proof American Heart Association BLS CPR	
	Proof of EMT Certification	
	Proof of Health Insurance	
	Completed Personal History Statement and Cadet Waiver	
	Paramedic Essay Completed	
	Driver's License Color Copy Front & Back	
	Paramedic Exam Scheduled	