Paramedic Student & Agency Sponsorship Information_2025

Sponsoring Agency Action Items

- ☐ Field Site Affiliation Agreement- Sign and return, if applicable.
- ☐ Preceptor Training- each preceptor must complete or provide proof of training already completed, if applicable.
- ☐ Complete the using the Sponsorship Authorization Letter Template and Instructions (see below).
- ☐ Submit the required documents by emailing a copy to the following:
  MATC Protective Services

Student Action Items

- ☐ Apply at MATC
- ☐ Submit your high school transcript (required) and any college transcript(s) (strongly recommended)
- ☐ Upload current WI EMT/AEMT license
- ☐ Upload current CPR certification
- ☐ Proxy Access (FERPA) consent must be completed through your Self-Service student account. *You will need the DOB of the sponsoring agency's representative to complete this form.*
  Student Authorization for Proxy Access (FERPA) Instructions_ Self-Service…
- ☐ Confirm your eligibility for a State of Wisconsin Training Center Training Permit.

Paramedic Program Clinical Checklist & Health Requirements

**Allow adequate time to obtain, compile, and/or make arrangements for all the items listed below. The Primary Instructor and/or Clinical Coordinator will provide more information during Orientation. All documentation items listed must be submitted in the weeks following orientation. All documents will be uploaded and approved by CastleBranch*

- ☐ Criminal Background Check / Healthcare BID / DMV abstract
  Students will complete these as a group during cohort orientation
- ☐ Physical Medical Exam
  Exams dated within one year from the start date of the program are acceptable.
- ☐ Varicella
- ☐ Tuberculosis
- ☐ Tetanus (DTaP)
  Vaccination record within 10 years of the program start date OR a new vaccination record is acceptable.
- ☐ Measles, Mumps Rubella - #1, #2 or Titer results for MMR

- [ ] Hepatitis B - #1, #2, #3 or a letter signed by you stating "I do not wish to decline the Hepatitis B vaccine. I am currently in the process/or have completed the series.
- [ ] Current Flu shot – or completed form requesting an exemption
- [ ] COVID vaccination or student needs to work through medical/religious exemption
- [ ] Current 10-panel drug screen

MASTER_Paramedic Cost Sheet

The program handbook is located here.

Program Contact Information

Program Director: Ryan Janus janusr@matc.edu
SERVE Pathway Advisors: servepathway@matc.edu

Sponsorship Authorization Letter Template and Instructions

Initiating Sponsorship Authorization: Obtain a sponsorship letter from the sponsoring agency to pay tuition/fees. The sponsorship authorization letter must:

- Be on the third party's official letterhead
- Specify the students' Name and MATC Student ID#
- Outline the cost the sponsorship will cover
- List the sponsored terms/semesters
- Indicate the billing address
- Contain a valid sponsor name, address, phone number, and email address

Submit the required documents by emailing a copy to MATC Protective Services

After receiving the sponsorship authorization letter, MATC will invoice the sponsor directly.

For additional details about the information required in a sponsorship letter, see the *Sponsorship Letter Template below.*

Sponsorship Payment Guidelines

Following receipt of the sponsorship authorization, MATC will generate and send an invoice directly to the sponsor each semester/ term. Sponsors are expected to pay MATC directly upon receipt of the invoice.

Any expenses not paid by the sponsor are the student's responsibility and must be paid by the due date listed on the student account invoice. Students are encouraged to remain in contact with their sponsor until the semesters/terms of the authorization are met.

Sponsorship Letter Template- On Company/Department Letterhead

[Date]

To MATC Accounts Receivables,

[Organization Name] will sponsor [Student Name] with MATC ID [MATC Student ID Number]. We will cover the costs of [tuition, books/supplies/materials, parking, testing fees]. The sponsorship will cover the above fees for the [Term, e.g., Spring 2027] semester.

Please send the invoice [by mail/email/fax] to the following:

[Contact Name]

[Contact Street Address, including City, Province/State, Country, Postal/Zip Code]

[Contact Phone Number]

[Contact Email Address]

If we have more than one student on the sponsorship, we would prefer to have [one student per page/multiple students per page] on the invoice.

We acknowledge that invoices will be issued on the term fee deadline. We will pay the invoice within 60 days of being issued. We acknowledge that if MATC has not received payment within 90 days of the invoice date, the invoice will be canceled, and the student will be responsible for all fees assessed, and any repercussions of late payment.

Thank you,

Contact Person Name

Contact Person Signature