



## **PARAMEDIC PROGRAM APPLICATION PACKET**

### **COURSE CONTENT**

The Pelham Training Paramedic Program is an Indiana State approved EMT-Paramedic Program including approximately 400 hours of academic learning and a minimum of 600 hours of concurrent clinical experience. During your paramedic education you will become certified in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Prehospital Trauma Life Support (PHTLS). After completion of your paramedic training, you will be eligible to sit the for the National Registry of EMT's Paramedic Exam.

### **COURSE DURATION**

The Pelham Training Paramedic Program is limited to those applicants who are currently EMT-Basic certified. Employment experience as a certified EMT is preferred.

The program starts September 13, 2010 with an anticipated completion date of August, 2011. Class will meet twice per week on Mondays and Wednesdays from 9:00am to 3:00pm.

The paramedic program is divided into 8 courses.

- Anatomy & Physiology
- P100-Preparatory
- P200-Medical Emergencies 1
- P300-Medical Emergencies 2
- P400-Trauma
- P500-Operations
- P600-Comprehensive Review Course
- F100-Clinical Phase
- F200-Field Internship

Students must pass each course within the program with an 80% as their final grade to graduate from the program. Students must also complete each course while maintaining an acceptable clinical pace as outlined in the F100/F200 Clinical Phase/Field Internship Handbook. Clinical experience will be gained concurrently with affiliated agencies throughout the course.

### **APPLICATION CRITERIA**

- 1) Must be at least 18 years-old at the beginning of the course.
- 2) Must have a high school diploma or a G.E.D.
- 3) Must be currently certified in CPR and as an EMT-Basic. Your certification must be current throughout the paramedic training.

### **APPLICATION DEADLINE**

Applications must be on file at Pelham Training by the close of business Friday, September 3, 2010 for consideration for the September 13 class.

### **ACCEPTANCE CRITERIA**

Maturity of judgment, sound moral character, and health status which provides reasonable assurance that the student will meet the physical and mental demands of the paramedic

occupation are all important characteristics that will be assessed in the acceptance procedure. Your EMS experience and ability to deal with the academic rigors of the program are the two largest areas of evaluation. Preference is given to those individuals with significant amounts of EMS experience, as well as college level course work in the human sciences (biology, chemistry, anatomy and physiology).

Individuals must submit the following documentation no later than September 3, 2010 @ 5:00 PM:

- 1) Program Application (p. 4-5)
- 2) A \$50.00 Application Fee (non-refundable)
- 3) Photocopies of current (one copy per page/ leave upper right hand corner of page clear):
  - a) Current drivers license
  - b) EMT card (Must be current throughout entire paramedic course)
  - c) Health Care Provider CPR card or Professional Rescuer CPR Card (Must be current throughout entire paramedic course)
  - d) Proof of personal health insurance or Military Person Summary
  - e) Proof of automotive liability insurance
- 2) Copy of Immunization Records / Vaccine Administration Record (See pg. 8 for requirements)
- 3) State or National background check or Military Person Summary
- 4) 5-Panel or higher Basic Drug Screen (within the last 12 months) or Memorandum
- 5) Physical examination signed by a doctor (within the last 12 months) or Memorandum (pg. 9 & 10)
- 6) Two letters of recommendation
- 7) Acknowledgement of course scope (p.6)
- 8) Confidentiality agreement (p.7)
- 9) Admission Policy and Practice (p. 3)
- 10) Copy of High School Diploma or GED.
- 11) Paramedic Entry Exam. (p.11)
- 12) Emergency Contact Form (p.12)

### **ACKNOWLEDGEMENT OF ACCEPTANCE**

You will be notified within 10 days of receiving all required documents of acceptance into the program. If accepted, you will receive a welcome letter with more information including a Pelham Training student handbook. Payment for the course will required on or before the first day of the program. Methods of payment and directions will be listed in the welcome letter.

All items above must be sent to:  
Pelham Training  
c/o Suzie Warner  
699 E Dillman Rd  
Bloomington IN 47401

Please contact Suzie Warner with questions about the application or acceptance process or e-mail your questions to [suzie@pelhamtraining.com](mailto:suzie@pelhamtraining.com). Questions specific to immunizations should be directed to Jennifer Wheeler by email at [Jennifer@pelhamtraining.com](mailto:Jennifer@pelhamtraining.com)

**PARAMEDIC ADMISSIONS POLICIES AND PRACTICES**

**Technical Standards**

Pelham Training has identified the following technical standards critical to the success of students.

- Utilize the sense of sight, hearing, touch, and smell to make judgments.
- Communicate effectively in English, both orally and in writing using appropriate grammar, spelling and vocabulary.
- Comprehend and promptly respond to auditory instructions or requests.
- Speak in a clear and comprehensive manner.
- Perform fine and gross motor skills with both hands.
- Stand, walk, climb, lift, bend and twist for extended periods of time.
- Think clearly and act calmly in stressful situations.
- Work cooperatively with other people.
- Adapt to ever-changing, unpredictable environments.

Students must meet these standards on admission to the Pelham Training Paramedic Program and maintain them throughout their training.

**Policies of Advanced Placement and Experiential Learning**

Students entering the Paramedic Training Program may receive credit for previously acquired clinical and health care provider training, experiential learning, and past employment. This is on a case by case basis and is at the sole discretion of the Clinical Coordinator and the Course Coordinator. Students with previous experience are encouraged to meet with the Course Coordinator to see if credit may be applied.

**Transfer of Credits**

If you would like to transfer credits taken from another institution please follow these procedures:

- 1.) Contact the Pelham Training Business Office to request a Transfer of Credit form.
- 2.) Retrieve a copy of your transcript stating the courses taken, credit hours, and grade received from previous institution.
- 3.) Fill out the Transfer of Credit Form.
- 4.) Turn in form and copy of transcript to the Pelham Training – Office of Student Affairs
- 5.) A Pelham Training staff member will contact you to set up a time to meet to discuss the transferring of credit.

**Tuition and Fees**

Application Fee .....	\$50.00 (non-refundable)
Program Fee w/out A & P** .....	\$5500.00
Program Fee w/ A & P .....	\$6000.00
<b>Total w/out A &amp; P .....</b>	<b>\$5550.00</b>
<b>Total w/out A &amp; P .....</b>	<b>\$6050.00</b>

\*\*Textbooks, lab supplies, clinical shirts (2), national registry practical and written exam (1<sup>st</sup> attempt), as well as specialty certification courses (PHTLS, ACLS, PALS) are included in the cost of the course.

**Meals, Transportation, and Housing**

Students are responsible for all meals, transportation to and from class and clinical sites, and housing.

**Cancellation / Refund Policy**

Payment is due on the first day of class. Students who withdraw before 7 days prior to the first day of class may receive a 100% refund of the program fee. Any withdrawal after this time will receive no refund of the program fee.

I, \_\_\_\_\_ have read and understand the admissions policies and practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PELHAM TRAINING PARAMEDIC PROGRAM APPLICATION

### STUDENT INFORMATION

Drivers License Number:		Social Security Number:	
First Name:	MI:	Last Name:	
Address:		Cell Phone:	
City:		Home Phone:	
State:	Zip:	Country:	
Email Address (Please, no yahoo addresses):			
Birth Date: ____/____/____		Gender:	
Do you have any learning disabilities or handicap we need to be made aware of?    Yes    No			
If yes, please describe:			
How did you hear about us?			

### EDUCATION

High School	<input type="checkbox"/> Diploma <input type="checkbox"/> GED (Check One)	
City	State	GPA
College	Degree or Credits Earned	
City	State	GPA
Completed Anatomy & Physiology <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EMT CERTIFICATION

State of Current Certification:	Level of Certification:
Certification Number:	Certification Expiration Date:
NREMT Number (if applicable):	NREMT Expiration Date:

### EMS AGENCY DATA/ MILITARY MOS

Affiliated Agency/ MOS:		
EMS Supervisor or Training Officer:		
Mailing Address:		
City	State	Zip
Phone	E-mail	

List any emergency medical care work in which you are currently involved:

---



---



---



---



---

State your future plans in the emergency care field:

List any emergency medical care work you have done in the past:

---

---

---

---

---

State your future plans in the emergency care field:

---

---

---

---

---

I, the undersigned, do hereby certify that all of the information contained on this application is true and correct to the best of my knowledge.

I certify that to the best of my knowledge there is no misrepresentation or falsification in my answers to the questions above. I am aware that false statements discovered through investigation will constitute grounds for disqualification and/or dismissal from the Paramedic Program.

I have read and understand the mandatory requirements for enrollment in the program. If accepted into this program, I agree to abide by all state and local rules, regulations, ordinances, and policies pertaining to emergency medical services, as well any and all directives of the Program Medical Director.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **LETTERS OF RECOMMENDATION**

Two letters of recommendation must be attached to this application. Letters must typed and no longer than one page. Letters should address the following:

- Your interest in EMS work
- Your intellectual and study abilities
- An appraisal of your communication skills and ability to work as a team member
- Judgment, reliability
- Emotional stability
- Attitude
- Any other information which would be helpful to us in considering your application

## ACKNOWLEDGEMENT OF COURSE SCOPE

Paramedic Training is a monumental undertaking without mentioning the added rigors of accelerated coursework. Many EMS providers fail to understand the sheer magnitude of time, energy and resources required to complete this level of education. It is important that you realize much will be expected from you and that should you complete this training, it will likely be one of the proudest accomplishments of your life. In this program attitude and personality are extremely important. You will be dealing with many different people including the medical director, program director, instructors, nurses, physicians, lab technicians, EMT's, precepting paramedics, and of course, your fellow students. You will work alongside all of these people before interacting with the most important person – the patient. Your attitude and approach in dealing with these individuals is extremely important both during the time you are a student and after you complete this course. Your attitude and personality affects everyone with whom you interact. Please try always to be at your best and never act arrogant or superior to those around you. You will be representing not only yourself, but the program, your peers and the paramedic students that preceded and will follow you.

In medical care, everyone has their own particular role. Although one job may be more difficult than another that does not mean it is more important. It is the whole team working together which reaches the final goal. Your attitude and personality will be known to the program director and to others in the class fairly easily via your various contacts during the classroom and lab experiences and during your in-hospital and ambulance training time.

This course requires complete devotion of your time and attention for the entire duration of the course. You and those close to you must be prepared for this time commitment. As this is a demanding course, you can expect to be virtually unavailable to your family and for outside activities and responsibilities. You must have obtained your family support and understanding of the time you must devote to class, studying and the extensive time necessary to complete the internship requirements of the course.

This course is not designed to be a typical "college" course but is a training course. You will not be provided with copies of the instructor notes or PowerPoint slides. The instructors will expect you to attend every class on time and to maintain a positive "can do" attitude. You will find the coursework and clinical requirement to be exhausting and, at times, you will feel that you have more to learn than is possible.

Our group of instructors is dedicated to assuring that material presented does make sense and that, to the best of their ability, it has been presented in a manner suitable for learning no matter what your learning style might be.

I, \_\_\_\_\_ have read the above information, discussed it with my family and loved ones and understand that paramedic school is a huge commitment of my time and energy. Furthermore, I hereby affirm that I will do everything in my power to put forth my best effort to complete this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## EMT / PARAMEDIC STUDENT CONFIDENTIALITY AGREEMENT

As a paramedic student, I agree:

- 1) I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
- 2) To uphold the policies, procedures, philosophy and standards of care of Pelham Training, and its clinical affiliates.
- 3) I understand that all clinical sites reserve the right to terminate my clinical experiences as a result of:
  - a) Failure to comply with hospital or agency policies, rules and regulations
  - b) Absences or tardiness without prior notification
  - c) Unsatisfactory attitude, work or appearance
  - d) Any other circumstances which, in the sole judgment of the hospital or agency, would make my continued service as a student contrary to the best interests of the hospital or agency.

I, \_\_\_\_\_ have read each of the above conditions and I agree to be abide by them.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## PARAMEDIC STUDENT IMMUNIZATION REQUIREMENTS

Applicants **MUST** submit immunization records along with the paramedic program application.

In order to be considered for acceptance into the paramedic program, you **must** provide documentation of the following for each disease listed: Date(s) of immunization, history of the disease, or positive antibody / titer / immunity.

### All students will need the following:

#### Tuberculosis

- 2 Negative PPD tests within the past 12 mo [ 1+ week apart] (or)
- Documentation of a negative chest X-ray if you've had a positive TB test

#### Chickenpox

- History of Chickenpox, or of Shingles, or exposure to chickenpox (or)
- Chickenpox vaccine (or)
- Positive Varicella antibody titer / Documented Immunity

#### Tetanus / Diphtheria

- a. tetanus / diphtheria vaccine within the past 10 years

#### Hepatitis B

- a. Positive Hepatitis B surface antibody / documented immunity

### Students born after 1957 will need the following:

#### Rubeola, Mumps and Rubella

- a) 2 MMR (or)
- a) Any combination of the following that provides immunity to all 3: rubeola (old fashioned measles) mumps and rubella (German measles)

#### Rubeola

- a) Rubeola Vaccination (or)
- b) Positive Rubeola antibody titer /documented immunity (or)
- c) History of Measles (red, old fashioned, 10 day)

#### Mumps

- a) Mumps vaccination (or)
- b) History of Mumps (or)
- c) Positive mumps antibody titer/ documented immunity

#### Rubella

- a) Live virus immunization (or)
- b) Positive Rubella antibody titer /documented immunity (or)
- c) History of Rubella (German Measles, 3-day)



## EMS Education Paramedic Program Physical Examination

Name: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First M.I.

Sex:    M    F                      Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_      Pulse: \_\_\_\_\_      Respirations: \_\_\_\_\_

Vision w/out glasses:    R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_      Color Vision Testing: \_\_\_\_\_

With glasses:    R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

AREA	CODE	NL: Normal    AB: Abnormal    NA; (Describe abnormal findings)
Head & Neck		
Eyes		
Ears		
Nose		
Mouth		
Throat		
Teeth & Gums		
Chest & Lungs		
Breast		
Heart		
Abdomen		
Skin		
Lymph Nodes		
Neurological		
Hernia		
Genitalia		
↓ Extremities		
↑ Extremities		
Other		

Reflexes: Patellar: \_\_\_\_\_  
Achilles: \_\_\_\_\_

Spine:      Straight                      Scoliosis      Kyphosis      Rotation

Recommendations/ Remarks:

---

---

---

---

---

---

---

---

---

---

As a duly licensed physician, I have personally examined the above named person and have found said person to be physically able to participate in the Paramedic Program at Pelham Training.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

By my signature, I authorize the examining physician to disclose upon inquiry from anyone representing Pelham Training any facts that this examination may reveal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## PARAMEDIC ENTRY EXAMINATION

Each applicant must designate a proctor to oversee a Paramedic Entry Examination. To do so, please fill out the contact information provided and include it with your application. Once your application is complete, the exam will be sent directly to your proctor. Your proctor will then return the completed exam directly to our office. The proctor must be your immediate supervisor or educator. If you have questions about designating a proctor please contact Suzie Warner at 812-824-7975.

Student

Name: \_\_\_\_\_  
(Last) (First) (Middle)

### Proctor Contact Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address to send exam: Street Address \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**Emergency Contact for :** \_\_\_\_\_  
(print your name)

(Please print clearly)

Contact Name and Relationship:		
Phone:		
Address:		
Contact Name and Relationship:		
Phone:		
Address:		