Dear Applicant:

Thank you for your interest in the Paramedic Program at Imperial Valley College. Attached is the application packet. Please complete the information and return it with the required attachments to the EMS Office. Applications are accepted **March thru August**, and the deadline for all applications is **August 31**. Completed applications submitted will be reviewed, and selections for the next paramedic program will be made by **September 30**.

Our Paramedic Program will begin in the **spring semester**, and is contingent upon the minimum number of accepted applicants.

If you have any questions, you can contact me at (760) 355-6275, or call Sara in the EMS Office (760) 355-6483.

Sincerely,

Rick Goldsberry, RN
EMS Training Coordinator

RG/sw
PARAMEDIC PROGRAM COURSE APPLICATION PROCESS

ALL of the following MUST be completed and submitted with your application to the paramedic program. Your application WILL NOT be considered WITHOUT ALL required materials.

1. ___ Complete application form.

2. ___ Complete employer/supervisor evaluation form.

3. ___ Complete personal reference form.

4. ___ Copy of current BLS HCP CPR course completion card. (American Heart Association).

5. ___ Copy of current EMT-I or EMT-II certification card, or RN license.

6. ___ Documentation regarding minimum of 1 year experience as an EMT-I, EMT-II, or ED RN. (Need employer memo to verify 1 year’s experience).

7. ___ Results of english placement exam or official transcript with college english course completion. (If exam is taken at IVC, provide webstar copy with application).

8. ___ Results of math placement exam or official transcript with college math course completion. (If exam is taken at IVC, provide webstar copy with application). The testing center is located in building #2000, N. side campus. Call for an appointment first – (760) 355-6465 or 355-6447.

9. ___ A paper describing why you are a good candidate for paramedic training.

10. ___ Official sealed college transcripts with EMT-I, EMT-B, and/or EMT-II letter grade, Anatomy and Physiology (minimum 3 units A & P), GPA, and high school or GED diploma copy. IVC webstar copy also accepted for EMT-I and A & P course.

11. ___ Completed Paramedic Program Applicant Survey. (Provided).

12. ___ Meet with our nursing/EMS counselor to determine non-IVC A & P (BIO 090) requirements. Call for an appointment – 760 355-6543.

You will need take an EMT-I proficiency exam that we will schedule, ONLY after completed applications are received.

ALL APPLICATIONS MUST BE RECEIVED IN THIS OFFICE BY AUG. 31, AND APPLICATIONS AFTER THAT DATE WILL NOT BE ACCEPTED. APPLICATIONS ARE ACCEPTED MAR. THRU AUG. FOR OUR SPRING SEMESTER CLASS, AND WE HOLD ONE CLASS PER YEAR.

Rick Goldsberry, RN, EMS Training Coordinator
Emergency Medical Services Training
Paramedic Program
COURSE APPLICATION

Name: ________________________________________________________________
last         first          middle

Address: ___________________________________________________________
street      city       state       zip

Telephone: ___________________________ e-mail: ___________________________

Employer: ______________________________________________________________

Employer: ______________________________________________________________
Address & Phone #: ______________________________________________________

Current Level EMS Certification: ___________________________ Years of Experience ______

Certification/License#: ___________________________

School(s) attended for EMS Training: ___________________________

Date of first EMT-I/EMT-II Certification: ___________________________

Social Security Number: ___________________________

Date of Birth: ___________________________

Emergency Contact: (Name, address & phone #) ___________________________

______________________________________________________________

______________________________________________________________
Dear Employer/Supervisor ________________________________:

I have given your name as my employer/supervisor for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed ______________________________ ________________________________

(applicant’s signature) (applicant’s name printed)

Employer/Supervisor, please fill out the following:

1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Rating</th>
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<td>Alertness</td>
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<td>Appearance</td>
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<td>Leadership Ability</td>
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<td>Resourcefulness</td>
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<td>Dignity &amp; Poise</td>
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<td>Self Control</td>
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<td>Self Motivation</td>
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<td>Good Judgement</td>
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<tr>
<td>Tact</td>
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</tr>
</tbody>
</table>

2. How do you place this applicant as suitable candidate for Paramedic Training? (1-4)

3. How long has the applicant worked for your agency? ____________________________

4. Remarks:

Signed: ____________________________ Date: ____________________________
PERSONAL REFERENCE FORM

Dear Personal Reference: (legibly insert name of person giving reference)

I have given your name as my personal reference for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed ______________________________
(applicant's signature) (applicant's name printed)

Personal Reference, please fill out the following:

5. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average 2 = average 3 = above average 4 = exceptional

___Alertness ___Honesty
___Ambition ___Initiative
___Appearance ___Leadership Ability
___Cooperativeness ___Patient Care
___Courtesy ___Reliability
___Dependability ___Resourcefulness
___Dignity & Poise ___Self Control
___Emotional Stability ___Self Motivation
___Good Judgement ___Tact

6. How do you place this applicant as suitable candidate for Paramedic Training? (1-4)

7. How long has the applicant worked for your agency? ____________________________

8. Remarks:

Signed: ____________________________ Date: ____________________________
Paramedic Functional Job Analysis

**Paramedic Characteristics**
The paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. Excellent judgement with the ability to prioritize decisions quickly, be self disciplined, able to develop patient rapport, interview hostile patients, and communicate with diverse multi-cultural groups and ages is required. Must be able to function independently at optimum level under stress, remain calm, and assume leadership roles with confidence. A desire to work with people, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position are critical.

**Physical Demands**
The paramedic’s job involves very heavy lifting (50-125 pounds frequently, no maximum) and involves climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing on a frequent basis in less than optimal conditions.

**Intellectual Demands**
High school graduate/equivalent. Learning ability and intelligence slightly above average is required for the paramedic to acquire the skills and knowledge necessary to do the job.
PARAMEDIC PROGRAM APPLICANT SURVEY

Today’s Date ______________________  Semester & year you are applying for_______________________

This survey was designed to develop a profile of students applying to our Paramedic Program. Our goal is to help our applicants become successful program graduates. Your feedback is important to us. We encourage you to complete and return this survey in the enclosed envelope to help us better serve you, your fellow students, and our community.

Please be advised that completion of this survey form is not required and will not be utilized in the program selection process.

Instructions: Read each statement and mark your response using black or dark blue ink.

Please put check mark at appropriate answer.

1. Age
   18-25 yrs__  26-35 yrs__  36-45 yrs.__  46 plus__

2. Gender
   Female__  Male__

3. Ethnicity
   Caucasian__  African-American__  Asian__  Filipino__
   Pacific Islander__American Indian__  Hispanic__  Other__

4. Do you have dependents living with you? (e.g., children under the age of 18, parents or grandparents)
   Yes__  No__

5. Are you a single parent?
   Yes__  No__

6. Number of children living at home:
   None__  1__  2__  3__  4__  5 or more__

7. One-way travel distance from residence to campus:
0-10 mile__ 11-20 mile__ 21-30 mile__
31-40 mile__ 41 or more__

8. Average weekly hours of employment:
   Not employed__ Employed 40 hrs. or less per week__
   Employed more than 40 hrs. weekly__

9. Have you had previous paid work experience in EMS or healthcare?
   Yes__ No__

10. If you respond yes to item 9, please indicate which experiences apply to you:
    Nurse Assistant__ LVN__ RN__ Dental Hygiene__
    Radiology__ EMT__ Paramedic__
    Psych. Tech__
    Supportive Personnel__ (housekeeping, dietary, etc.)
    Military Medic__ Health Information Services__
    Medical Assistant__ Medical Clerk__ Other__________
    (write in other)

11. Years worked in EMS or healthcare:
    Less than 1 yr.__ 1 yr. or more but less than 3 yrs.__
    3 yrs. or more but less than 6 yrs.__
    6 yrs. or more__ N/A__

12. Previous volunteer experience in EMS or healthcare.
    Student__ Fire Dept. Volunteer__ EMS Volunteer__
    Other Health Care Service__ N/A__

13. Highest post-high school education level completed:
    None__ Less than 2 yrs.__ Associate degree__
    Bachelor’s degree__ Master’s degree or above__

14. Your primary place of residence for the past 12 months:
    In this country__ Out of country__ Out of state in USA__
College courses completed with a C average or better. Mark all that apply.

15. EMT-I __
16. Anatomy__
17. Physiology__
18. Microbiology__
19. Chemistry__
20. English__
21. Math__
22. Biology__
23. Medical Terminology__
24. Psychology__
25. Sociology__
26. Humanities__
27. Cultural Pluralism__

28. Are you receiving a scholarship or financial aid?
   Yes__ (If yes, complete items 29-33. Mark all that apply)
   No __ (If no, skip to item 34)

29. Pell Grant
30. Employer
31. CalWORKS
32. Local organization scholarship
33. Other

34. Are you (or think you may be) eligible to receive a Grant through any of the following? Yes__ No__ Don’t know__

   Pell Grant, CalWORKS, JOBS, JTPA, SST, General Assistance, AFDOC, any other form of economic public assistance and/or annual income level below $7,500.00 for single person, $15,000.00 per couple with $1,000.00 additional for dependent child.

35. Did you enter this program as a/an:
   Generic Student__ Re-entry__
   Other__
36. The main reason you chose this program:
   Required to maintain existing job__ Retraining after layoffs__
   Career ladder opportunity__ Career change__
   Lifetime goal__ Other__

37. How did you learn about the IVC paramedic program?
   College counselor__ Employer/co-workers__
   Friends__ Formerstudent/graduate__
   Professionals practicing in field__ College catalog__
   Program brochure__ Internet__
   Imperial Valley Press__ Independent research__
   Career/health fair__ Hospital/Fire Dept.__
   Other__

YOUR TIME TO COMPLETE AND RETURN THIS SURVEY IS GREATLY APPRECIATED! IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PROGRAM DIRECTOR.