



IMPERIAL VALLEY COLLEGE

DIVISION OF NURSING EDUCATION & HEALTH TECHNOLOGIES
EMERGENCY MEDICAL SERVICES (760) 355-6348 FAX (760) 355-6346
P.O. Box 158, Imperial, California 92251

Dear Applicant:

Thank you for your interest in the Paramedic Program at Imperial Valley College. Enclosed is the application packet. Please complete the information and return it with the required attachments to the address below. The deadline for all applications is **April 30**. Completed applications will be reviewed and prioritized by a selection committee by **May 28**.

The Fall August Paramedic Program is contingent upon the minimum number of accepted applicants.

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

Sincerely,

Jackilyn E. Cypher, RN, MSN
EMS Training Coordinator

Imperial Valley College
Attn: EMS office
380 East Aten Rd.
Imperial, CA, 92251

Imperial Valley College
Emergency Medical Services Training

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 sealed 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 sealed 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.
11. _____ Completed Paramedic Program Applicant Survey. **(Provided)**.

The IVC Paramedic Program Selection Criteria Score sheet is available in our EMS office.

You will need to contact us and schedule to take the EMT-I proficiency exam ONLY after completed applications are received, and scheduling is during the first week of May.

ALL APPLICATIONS MUST BE RECEIVED IN THIS OFFICE BY APRIL 30, AND APPLICATIONS AFTER THAT DATE WILL NOT BE ACCEPTED. APPLICATIONS ARE ACCEPTED JAN. THRU APR. FOR OUR NEW FALL SEMESTER CLASS AND WE HOLD ONE CLASS PER YEAR.

Jackilyn E. Cypher, EMS Training Coordinator



IMPERIAL VALLEY COLLEGE

DIVISION OF NURSING EDUCATION & HEALTH TECHNOLOGIES
EMERGENCY MEDICAL SERVICES (760) 355-6483 FAX (760) 355-6346
P.O. Box 158, Imperial, California 92251

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 #) _____



IMPERIAL VALLEY COLLEGE

DIVISION OF NURSING EDUCATION & HEALTH TECHNOLOGIES
EMERGENCY MEDICAL SERVICES (760) 355-6483 FAX (760) 355-6346
P.O. Box 158, Imperial, California 92251

EMPLOYER/SUPERVISOR EVALUATION FORM

Dear Employer/Supervisor _____ :
(legibly insert name of 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.

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 Judgment | ___Tact |

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: _____



IMPERIAL VALLEY COLLEGE

DIVISION OF NURSING EDUCATION & HEALTH TECHNOLOGIES
EMERGENCY MEDICAL SERVICES (760) 355-6483 FAX (760) 355-6346
P.O. Box 158, Imperial, California 92251

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

- | | |
|--|---|
| <input type="checkbox"/> Alertness | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Ambition | <input type="checkbox"/> Initiative |
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Leadership Ability |
| <input type="checkbox"/> Cooperativeness | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Courtesy | <input type="checkbox"/> Reliability |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Resourcefulness |
| <input type="checkbox"/> Dignity & Poise | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Self Motivation |
| <input type="checkbox"/> Good Judgment | <input type="checkbox"/> 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.

Imperial Valley College
EMS Training

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___

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__ | Former student/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.