



Paramedic

Application for Admission Fall 2012

Chemeketa Community College
Enrollment Center, Building 2, Room 200
PO Box 14007
Salem, Oregon 97309-7070
503.399.5163

Or contact Peggy Andrews at 503.399.2663 or peggy.andrews@chemeketa.edu

Submission deadline October 12, 2011

Chemeketa Community College Paramedic Program

New Application/Interview Skills Information Session Available

This is being offered for applicants who choose to increase their chances of success in the Paramedic program by improving application and interview skills. This optional session will be at the **Brooks Campus** Building 2, Room 200 (4910 Brooklake Rd. NE, Salem, OR 97305), **February 7, 2012** from 6:30-8:30pm. No sign up required.

Check out monster.com website for practice interview questions.

Packet Instructions

Application Process

The application process is very competitive and the EMT faculty's goal is to admit the candidates with the most potential to be successful in each class. Please read each page carefully, as you will be given points for your ability to follow instructions.

Introductory Letter

The screening committee is interested in getting to know some of the unique qualities of each person who is applying. Write a letter to help us understand your desire and abilities to be successful in the program and why you want to become a paramedic. This one page letter should be double spaced in 12 point Times New Roman font with 1-inch margins, with paragraphs indented, and addressed to the Screening Committee, and should include your name.

Prerequisite Documentation

In order to receive course credit in the application process, you must include documentation. This can be an unofficial transcript with grades. Therefore if you turn in your application early (before the current term is over), you must provide an updated unofficial transcript before the cut-off date, in order to receive credit for those classes. You must also document a completion plan, if applicable. This completion plan should be on a separate sheet of paper, and outline clearly your plans for successful completion of the prerequisite courses. You will be required to keep the department updated on changes to your completion plan. Read Form 6 instructions carefully. **Missing/inaccurate information may not be evaluated.**

Mission Statement

Our mission is to improve the quality of life in our community by providing emergency services training and education to our program participants, business and industry, and service providers. A safer community will result from their excellence in delivering quality emergency services.

Accreditation

Chemeketa Community College offers the Associate of Applied Science in Emergency Medical Technology degree and is accredited in Oregon through CCWD (Community College Work Force Development) and the Department of Education, and nationally through the Committee on Accreditation of Educational Programs for the EMS Professions (COAEMSP).

Name _____

Paramedic Program Check List

Your application packet for Fall Term 2012 entry must include the following documents.

Present as one complete packet in the following order:

- ___ Check List (completed)
- ___ \$40.00 check or money order (**non-refundable**) made out to Chemeketa Community College
- ___ Introductory Letter (see instructions previous page)
- ___ Completed “Personal Data” (**Form #1**)
- ___ Proof of Oregon Certification as an EMT Basic or EMT I **or** proof of eligibility for licensure as an Oregon EMT or EMT Int. **or** planned test date of _____
- ___ Proof of CPR Provider card, Current Standards
- ___ Copy of High School Certificate of Completion or equivalent
- ___ Copy of current driver’s license
- ___ Completed and Signed “Driving & Criminal Record Statements” (**Form #2**)
- ___ Completed and Signed “Information Release” (**Form #3**)
- ___ (**Form #4**) Access Chemeketa Online Web Admission application (<http://www.chemeketa.edu/earncertdegree/admission/process/newstudent.html>); complete the online admission application and print a copy to attach to this application.
- ___ Validation of the program course check list will be through **either a. or b.**
 - a. **If all courses were completed through Chemeketa**, include an unofficial copy of your transcript.
 - b. **If all or part of the courses were through any other college or university**, include a copy of **Form #5** (Request for Evaluation and Transfer of Previous Credit) which will be forwarded to Chemeketa Admissions with Form 4 if accepted into the program. **If all transfer credits have been evaluated by Chemeketa for transfer, Form 5 is unnecessary.** Please include unofficial transcripts from Chemeketa and from your previous college in order to receive full points in the internal EMT program application process.
- NOTE: To assist faculty in evaluating your transcripts, you must highlight all prerequisite classes on your unofficial transcripts. Please DO NOT open any official transcripts you might be submitting with your application. They may only be opened by authorized personnel in the admissions office.
- ___ Provide verification of any courses you are currently enrolled in (unofficial transcript)
- ___ Completed “Course Check List” (**Form #6**).
- ___ Completed “Course Completion Plan” if applicable (Course and term you will complete prerequisites) This must be on a separate sheet of paper, and attached to the course check list.
- ___ Completed “Work History and References” (**Form #7**)

A timely application is important; all these program requirements must be presented as one complete packet in the above order to:

**Chemeketa Community College
Enrollment Center, Building 2, Room 200
PO Box 14007
Salem, Oregon 97309**

If you are mailing the application, it must be received by **4:30pm on April 10, 2012 or postmarked by that date.**

Paperclip your packet together; but do not use page protectors or special folders. The packet will be evaluated for completeness and compliance with directions. A follow up letter will be sent within two weeks.

Paramedic Program

Personal Data

Form #1

Name _____

SSN # _____ - _____ - _____

CCC K# _____

Mailing Address _____

Street

City, State

Zip

Date of Birth ____/____/____ Phone _____

Cell Phone _____

E-Mail _____

Pager _____

Emergency Contact _____

Phone _____

EMT License: OR # _____ Level: B or I

Expiration Date _____

Nat'l # _____

Expiration Date _____

CPR Provider (2010 Standards)

Expiration Date _____

Oregon Driver's License # _____

Expiration Date _____

Formal Education

	Institution	Location	Type of Degree	Dates
H.S.				
College				
Other				
Other				

Chemeketa Community College EMT Paramedic Program makes application decisions without regard to race color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical disabilities, handicaps or any other protected classifications unrelated to job performance.

Paramedic Program

Driver's License

Form #2

A valid driver's license is necessary. You will be asked to provide a copy at the EMT Orientation. Additionally, the insurance carrier of the program must insure students who drive Program vehicles. Employment opportunities could be severely limited with a significant driving record. A significant record constitutes having a DUII, multiple moving violations or accidents within the last three years.

Do you have a valid driver's license? No _____ Yes _____

You will need to provide a current copy before starting the program.

Does your driving record include any moving violations, accidents, or a DUII in the past three years?

No _____ Yes _____

If Yes, Please explain

Criminal Conviction

If selected for a position in the program, the student will be required to initiate a criminal history clearance. The student may not be automatically excluded from consideration if they have been convicted of a crime. Their suitability for application will be evaluated based on the totality of circumstances, such as, the nature of the crime, the time since the conviction, etc. Conviction of a crime could impact decisions by the Oregon State Health Division to license the person as a paramedic.

Have you ever been convicted of a crime? No _____ Yes _____

If yes, please explain.

I, the undersigned, acknowledge that the information set forth on this form is true and accurate.

Signature: _____ Date: _____

Paramedic Program
Information Release

Form #3

Affidavit and Authorization to Investigate/Hold Harmless

I attest that all of the facts, dates and information that I have provided the Paramedic Program by virtue of this application, attachments, and oral statements are true. In submitting an application for admission, I authorize investigation of all statements contained in it, and, it is understood and agreed that any misrepresentation by me may result in cancellation of my application and/or termination from the program.

If accepted, I will provide, at my expense, proof of a recent (within three years if under 30 years old, but within one year if over 30) physical examination, certifying my fitness for the program. I will also provide verification of the screenings, immunizations, and a criminal records check, which are required by the program.

I authorize Chemeketa Community College to make any and all necessary and appropriate investigations to verify information given by me and to examine my fitness for participation in Chemeketa Community College Paramedic Program. I understand that these investigations will include criminal record background. I hereby agree to release, defend, indemnify, and hold harmless, any person, company, or corporation as to any and all claims arising due to their supplying information pertaining to my suitability for application to Chemeketa.

I understand that admission to the Program is a probationary status from which I can be terminated for cause. Such cause may include, but is not limited to my failure to perform work of quantity or quality that complies with established work performance standards; my failure to adhere to program rules, guidelines, or policies and procedures; any criminal activity which would render me ineligible to respond to the emergency calls of cooperating agencies; my positive result on, or my failure to submit to drug screening when that screening is required for cause by program staff; or my failure to maintain a 2.0 grade point average.

Signature: _____ Date: _____

Chemeketa Community College Admission Application

Form #4

Please access this form at:

<http://www.chemeketa.edu/earncertdegree/admission/process/newstudent.html>);

Complete the Online Admission Application and *print a copy* to attach to this application.

Paramedic Program Chemeketa Community College Transcript Evaluation

Proof of completion of the EMT Paramedic prerequisites:

1. If you have **completed all** of your course work through Chemeketa Community College, the transcript evaluation can be done with an unofficial copy of your transcript. An unofficial copy can be obtained at no charge from the Chemeketa Counseling Services Dept in Bldg #2 or by accessing: <http://my.Chemeketa.edu> with your college "K" number.
2. If you have **completed part or all** course work through any other college/university, you will need to have an **official transcript** sent to the Chemeketa Admissions Office from all of them.
 - a. Fill out and sign a **Request for Evaluation and Transfer of Previous Credit** form to be sent or taken to the Chemeketa Admissions Office. (Form #5) If you complete any transfer courses after acceptance into the program, it will **again** be necessary to fill out another Request for Evaluation form for the Admissions Office.
 - b. Have the official transcript mailed to **Chemeketa Community College, Admissions, PO Box 14007, Salem Oregon, 97309-7070**. To guarantee timely evaluation of your transcript, **please allow up to 6 weeks for the process to be complete**. Include a **copy of the transcript evaluation** if completed with your application packet.
3. **Include unofficial copies of transcripts from all schools** with your application packet in order to receive credit in our program application process for graded classes.

Note: If you are accepted into the program, it will also be your responsibility to **keep Paramedic staff updated on any prerequisite classes that you complete** during the two terms before you start our program. In the event that you are unable to satisfactorily complete these prerequisites, let the program know ASAP so we may contact someone on the Alternate list. **You may not begin the program until you have provided proof of prerequisite completion.**

Questions

Peggy Andrews EMT Instructor/Internship Coordinator

503.399.2663

peggy.andrews@chemeketa.edu

Request for Evaluation and Transfer of Previous Credit

Form #5

Please access this form at:

http://www.chemeketa.edu/forms/documents/admission_evaluationrequest.pdf

Print the form, complete it, and include it in your packet. This form is currently not available to submit electronically.

Course Check List

Form #6

Name _____

Section 1: These “core” courses or their equivalent must be completed with a minimum of a “C” grade before beginning the program. Only those courses listed below that have been transcribed and/or accepted for transfer can be claimed for points. Please **highlight all prerequisite classes on your attached transcript(s)**.

Courses (circle/highlight or list if other)	Credits	School where Taken or Completion Plan	Transcribed Grade			Total Points
			A=4	B=2	C=1	
BI231*	4					
BI232	4					
BI233	4					
			A=3	B=2	C=1	
HM120	3					
EMT151	5					
EMT152B	5					
ES172 or EMT175	4					
EMT169 or FRP256	4					
EMT176 or FRP153 and EMT177	2/ 3					
	2					
ES115	3					

Total accumulated points for core courses # _____/36

Section 2: These courses or their equivalent **must be completed and transcribed before beginning program.**

Courses (circle/highlight or list if other)	Credits	School where taken or completion plan	“C” min. Grade
WR121	4		
MTH070* or higher	4		
PSY101 or higher or Human Relations	4		
SP111 or higher	4		

*Chemeketa and some other colleges require MTH95 as a Chemistry prerequisite which is a prerequisite for BI231.

Section 3: The following are considered part of the second year curriculum for the paramedic program. **Additional points will be awarded** in the admission process for any of these courses that have been transcribed or accepted for transfer. It is recommended that you complete these courses before beginning program due to time constraints.

Courses (indicate course #)	Credits	School where taken or completion plan	“C” min. Grade	1 pt each
CIS101 or higher	3/4			
HPE295	3/4			
Soc. Science/Hum. elective	4			

Total accumulated points for 2nd year courses # _____/3

EMT Staff Agreement _____ / No _____

Paramedic Program Work / Training History

Form #7

Certification Statement:

I, _____, (print) acknowledge that the information set forth on this form is true and accurate. I also give permission to CCC, EMT Program, the selection committee members, and the course faculty to contact the references I have listed and understand that any information given by the references I have listed will remain confidential between the college and the references.

Signature: _____ Date: _____

List all EMS, medical, health, or courses / conferences / training (other than degree prerequisite courses) that are applicable for the past two years.

Name of Course / Conference / Training	Location	Dates Attended

Health-Care Related Experience: List **all** paid and volunteer activities in chronological order.

Job Title and description	Location	Beginning and Ending Dates	Hours per Month	Supervisor/Phone#
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				

Other Work or Volunteer Experience: List **all** paid and volunteer activities in chronological order.

Job Title and description	Location	Beginning and Ending Dates	Hours per Month	Supervisor/Phone#
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				
Describe:				

References: List three references; preferably those familiar with EMS activities but not Chemeketa EMS staff.

Name	City	Phone #
1. _____		
2. _____		
3. _____		

During the initial application evaluation process, faculty will conduct reference checks at random.