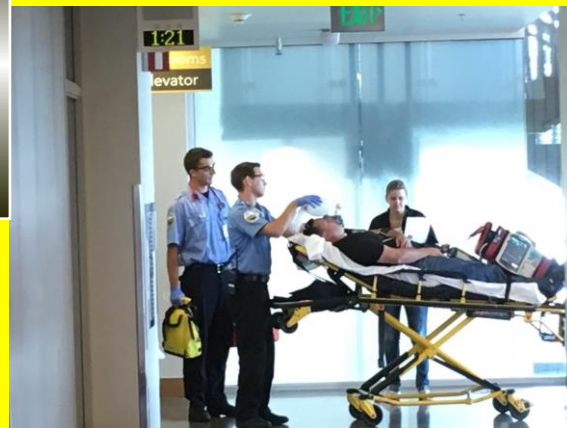




Paramedic Spring 2018

Application Packet

Hybrid Class



Applications must be turned in to:

(In person)

Chemeketa Community College
Enrollment Center (Salem Main Campus)
Building 2, Room 200

(Mailed)

Chemeketa Community College
Enrollment Center
P.O. Box 14007
Salem, OR 97309-7070

Submission deadline: Oct 13, 2017 by 4:30 pm

Faculty Contact Information:

Gregg Lander: (Program Chair/Paramedic)
Phone: 503.399.2664
Gregg.Lander@chemeketa.edu

Chris Arbuckle: (Paramedic)
Phone: 503.399.2663
Chris.Arbuckle@chemeketa.edu

Kiva Lyell: (EMT Program Chair/Admissions)
Phone: 503.399.2660
Kiva.Lyell@chemeketa.edu

Rhonda Wood: (Clinical
Coordinator/Admissions)
Phone: 503.399.6062
Rhonda.Wood@chemeketa.edu

Chemeketa Community College
Brooks Regional Training Center
4910 Brooklake Rd. NE
Brooks, OR 97305
503.485.2131

www.chemeketa.edu/programs/emt



Chemeketa Community College Emergency Medical Services

Paramedic Degree

Students take general education courses as well as technical courses devoted to Emergency Medical Technology. The paramedic course is a limited enrollment program for courses EMT296, 297, 298, 280H. The Paramedic program sequence starts in both Fall and Spring terms. Students must apply for admission. Clinical rotations in hospitals and with ambulance services provide hands-on EMS experience. Students earn an Associate of Applied Science degree in Paramedicine. Successful completion qualifies the student to take the State of Oregon and/or National Registry examinations for licensure as a Paramedic.

Paramedic Prerequisites

The prerequisites for the Paramedic Program are listed on the course check list. These classes are available as regular college offerings and will be scheduled by the student at their convenience. If a paramedic applicant has not attended college at Chemeketa, please refer to the Chemeketa Community College Catalog regarding requirements for college placement exams, which are to be completed as a person enters the college. These assessments are done through Chemeketa's Testing Center, located on Salem Main Campus building 3, room 268 (open Monday-Thursday). They can be reached at: 503-399-6556.

All Paramedic prerequisite courses or equivalent must be completed with a minimum of a "C" grade before beginning EMT296. These are considered the "core" courses.

Paramedic Application Process and Chemeketa Transcript Evaluation

Applicants must provide proof of completion of the Paramedic prerequisites:

1. If you have completed all courses or prerequisites through Chemeketa Community College, please include an unofficial copy of your transcript, which can be accessed through your 'My Chemeketa' or obtained at no charge from Chemeketa's Counseling Services Dept. in building 2 on Salem Main Campus.
2. If you have completed part of or all courses or prerequisites through any other college or university, you will need to have an official transcript sent to Chemeketa. You will also need to fill out a **Request for Evaluation and Transfer of Previous Credits form**. This form is included in the paramedic application or can be accessed via Chemeketa website at: http://www.chemeketa.edu/forms/documents/RequestforEvaluationandTransferofPreviousCredits_002.pdf

After completing send to:

Chemeketa Community College
Office of Transcript Evaluation Services
P.O. Box 14007
Salem, OR 97309-7070

- You must also include unofficial copies of transcripts from each school with your application packet in order to receive credit in the application process, all of which must have a grade of a "C" or better.

Who is Eligible to Apply

The Paramedic Program is a limited entry enrollment with an average of 20 students each cohort. The program accepts students in both Fall and Spring terms. Applicants must meet the following criteria to be considered for a position in the program:

1. Applicant must be licensed as an Oregon EMT and have a current American Heart Association Healthcare Provider certification before the starting date of the Paramedic program.
2. Applicant must have proof of completion of all prerequisite courses or a reasonable plan of action on how to completion prerequisites before the starting date of the program.

Admission Prioritization

The following will be considered when selecting and prioritizing applicants for the program.

- Completion of admission application packet (your packet will be evaluated for completeness, compliance, and ability to follow directions)
- Introductory letter
- Oral interview
- Written essay - applicants with complete packets will be given a set time to write a response and answer a question chosen by the EMS faculty.
- Accumulated points for required core courses
- Work history
- Endorsement Letter from EMS Chief/CEO/Chief
- Military Experience (if applicable)—please submit proof to receive points

Chemeketa Paramedic Program-Packet Instructions

Please read each page carefully. You will be given points for your ability to follow instructions. The packet will be evaluated for completeness, compliance, and ability to follow directions.

- Paperclip your packet. **Do not staple pages together.**
- Do not use page protects or special folders.

Application Process

The Paramedic application process is very competitive due to the programs limited enrollment. It is the faculty's goal to admit the candidates with the most points and potential to be successful in each class. Please check your Chemeketa email for acceptance letters.

Introductory Letter

The screening committee is interested in getting to know some of the unique qualities of each person who is applying. Please write a letter to help us understand your desire and ability to be successful in the Paramedic program, as well as, why you want to become a paramedic. This should be a typed one page letter, double spaced, 12 point Arial font, 1-inch margins, paragraphs indented, 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 of completion before the cut-off date. If this evaluation has not been completed, please include unofficial transcripts from all colleges attended to validate completion of prerequisites with at least a "C" grade or higher.

If you have not completed the prerequisites, please explain how you plan to successfully complete them before starting the Paramedic program through a completion plan. This completion plan should be on a separate sheet of paper and clearly outline your plans for the prerequisite courses. If selected for the program, your acceptance will be provisional pending proof of successful completion of the prerequisite course(s) with that of a "C" grade or higher. You will be required to keep the department updated on changes to your completion plan, as well as, providing updated transcripts with grades, in order to receive credit for those classes. Read Form 6 instructions carefully. Missing or inaccurate information may not be evaluated.

Note: Submitting your application in a timely manner is important. All of these requirements must be presented in one complete packet in the checklist order to:

Chemeketa Community College
Enrollment Center
Building 2, Room 200
P.O. Box 14007
Salem, OR 97309-7070

If you are mailing the application, it must be postmarked by **October 13, 2017** to be considered for the Fall 2017 class.

Paramedic Program Check List

Your application packet for Spring Term 2017 entry must include the following documents and presented as one complete packet.

Please ensure you have included all items before turning in your application. **Items should be in the following order:**

Name: _____

- ____ Completed Paramedic Program Check List
- ____ \$40.00 check or money order (non-refundable) made out to Chemeketa Community College
- ____ Introductory Letter (see instructions on previous page)
- ____ Completed Form #1 (“Personal Data”)
- ____ Copy of Oregon licensure as an EMT, AEMT or EMT Int.; or proof of eligibility for licensure as an Oregon EMT, AEMT or EMT Int. with planned test date of: _____

- ____ Copy of current/valid American Heart Association BLS (Healthcare Provider) Card
- ____ Copy of High School Diploma or equivalent
- ____ Copy of current/valid Driver’s License
- ____ Completed and Signed Form #2 (“Driving & Criminal Record Statements”)
- ____ Completed and Signed Form #3 (“Information Release”)

- ____ Validation of the program prerequisites via transcripts—can be done by either:
 - a. If you have completed all courses or prerequisites through Chemeketa, please include an unofficial copy of your transcript, which can be accessed through your ‘My Chemeketa.’
 - b. If you have completed part of or all course work through any other college or university, you will need to have an official transcript sent to Chemeketa. You will need to fill out a **Request for Evaluation and Transfer of Previous Credits**. See Form #4. You can also access this via Chemeketa website at: http://www.chemeketa.edu/forms/documents/RequestforEvaluationandTransferofPreviousCredits_002.pdf
After completing send to: Chemeketa Community College
Office of Transcript Evaluation Services
P.O. Box 14007
Salem, OR 97309-7070
 - To guarantee a timely evaluation of your transcripts, please allow up to 4 weeks for the process to be complete. If your evaluation is completed, please include a copy of the transcript evaluation with your application packet (accessed through ‘MyChemeketa’)
 - You must also include an unofficial copy of transcripts from each school in your application packet in order to receive credit in the application process, all of which must have a grade of a “C” or better
 - c. **You must highlight all prerequisite courses required for the Paramedic program on your unofficial transcripts.**

- ____ Provide verification of any courses you are currently enrolled in (i.e. unofficial transcripts)
- ____ Completed Form #5 (“Course Check List”)—remember to total the various columns for points.
- ____ Completed “Course Completion Plan” if applicable:
 - This should be on a separate sheet of paper and should include: the course, term, and location you will be completing the prerequisite. (Place this after Form #5)
- ____ Completed Form #6 (“Work/Training History and References”)—remember to include starting and ending dates for activity or employment.
 - If you have military experience please submit proof (place this after Form #6)
 - If you have an endorsement letter from an EMS Chief/CEO/Chief (place this after Form #6)

Note:
All communication to candidates will be sent via email. Make sure to include your email address on the personal data sheet. It is imperative that you write legibly, so the program is able to contact you. Candidates are responsible for checking their email regularly for program notification and application status.

Personal Data

Form #1

Name: _____ SSN #: _____ - _____ - _____

Chemeketa K#: _____

Mailing Address:

Street: _____ City: _____

State: _____ Zip: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Chemeketa Email: _____

Alt. Email: _____

Emergency Contact: _____ Phone: _____

Oregon EMT License #: _____

Level: EMT, I or AEMT Expiration Date: _____

National #: _____ Expiration Date: _____

CPR-Healthcare Provider Card Expiration Date: _____

Oregon Driver's License #: _____ Expiration Date: _____

Formal Education:

	Institution Name	Location	Type of Degree	Dates
High School				
College				
Other				

Other				
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Driver's License

Form #2

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

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

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

Does your driving record include any moving violations, accidents, or a DUUI 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:** _____

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:** _____

If you have not already begun this process, please complete the transfer evaluation for previous credit form (see next page) or access online at:

http://www.chemeketa.edu/forms/documents/RequestforEvaluationandTransferofPreviousCredits_002.pdf

Note: This form is currently not available to submit electronically.

Note: If you have begun this process already, disregard these instructions.

Chemeketa Community College Transcript Evaluation

Proof of completion of the 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. Please make sure that your name is printed on the unofficial transcript.
2. If you have completed part or all course work through any other college/university, you will need to have an official transcript from each college sent to the Chemeketa Admissions Office.
 - a. Complete and sign a 'Request for Evaluation and Transfer of Previous Credit' form. This needs to be sent or taken to Chemeketa's Admissions Office (see above for form details).
 - b. If you complete any transfer courses after acceptance into the program, it will be necessary to fill out an additional 'Request for Evaluation and Transfer of Previous Credits' form and have another official transcript sent to Chemeketa Admissions Office.
 - c. Have all official transcript along with the 'Request for Evaluation and Transfer of Previous Credits' form mailed to:
Chemeketa Community College
Admissions Office
PO Box 14007
Salem OR 97309-7070.
 - To guarantee timely evaluation of your transcript, please allow up to 4 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 colleges attended with your application packet in order to validate completion grade of least a "C" or higher. Those who do not include unofficial copies of transcripts from all institutions and only include Chemeketa transcript evaluation of credits (this will only show if the class(es) transferred, not the grade received) will receive points of a "C" grade on 'course check list' (form #5).

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, please let the program know as soon as possible so we may contact someone on the alternate list. You may not begin the program until you have provided proof of prerequisite completion. Questions, contact: Kiva Lyell at 503.399.2660 or kiva.lyell@chemeketa.edu.



Request for Evaluation and Transfer of Previous Credits

Use this form to request an evaluation of previous credits from prior institution(s). Courses are evaluated based on best fit for program listed. Once the evaluation is complete an email will be sent to your MyChemeketa account.

1. Complete and submit this form to one of the following: Enrollment Center, Transcript Evaluation Window 13 in Bldg. 2, fax, or to evaluation@chemeketa.edu
 - a. Transcripts must be official and from a regionally accredited institution to be evaluated. We do not accept faxed transcripts.
 - b. Evaluations are processed once all transcripts listed on the form have been received.
 - c. Turnaround time is 2-3 weeks depending on the volume of requests.

Student ID (K#): Date of Birth (mm/dd/yyyy): _____

Name (as it appears in our records): _____

Mailing Address: _____
Street City State Zip

Phone Number with Area Code: Cell Phone: _____ Home Phone: _____

Previous Name(s) Used: _____

Check Only if Applicable:

<input type="checkbox"/>	I am attending Chemeketa under Veteran Affairs (VA) Benefits <i>(Submit this form when enrolling for your first term at Chemeketa. All prior credit needs to be evaluated and reported by the end of your third term at Chemeketa)</i>
<input type="checkbox"/>	I have applied for a degree or certificate at Chemeketa <i>(Submit this form and your <u>Application for Graduation</u> by the end of the fourth week of the term <u>prior</u> to the expected term of graduation)</i>
<input type="checkbox"/>	I am applying for a limited enrollment program at Chemeketa <i>(All Chemeketa programs are listed on the second page of this form. Limited enrollment programs are designated with an *)</i>

Chemeketa is not required to accept all credits from other institutions. Submitted transcripts will not be returned or photocopied.

Schools Providing Transcripts for Evaluation:

School: _____
School: _____
School: _____
School: _____

<input type="checkbox"/> I have requested official transcripts be sent to Chemeketa
<input type="checkbox"/> Please use transcripts that are currently on file from a previous evaluation for a different program

PLEASE PRINT THE PROGRAM NAME: Paramedicine

Student Signature: _____ Date: _____

Chemeketa Community College is an equal opportunity/affirmative action employer and educational institution. To request this publication in an alternative format, please call 503.399.5192. 11/19/2015 s:\registrar\forms\request for evaluation and transfer of previous credits.docx chemeketa.edu

Course Check List

Form #5

Name: _____

Section 1: These are core courses or their equivalent, they 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.

Note: You are required to highlight all prerequisite classes on your attached transcript(s). Points will be lost to those who do not highlight their prerequisites.

Required Courses	Required Credits	School Taken at or Completion Plan (i.e. CCC)	Course # of class taken (i.e. BI231)	Credits Received	Transcribed Grade			Total Points
					A= 4pts.	B= 2pts.	C= 1pt.	
BI231	4							
BI232	4							
BI233	4							
					A= 3pts.	B= 2pts.	C= 1pt.	
HM120	3							
EMT151	5							
EMT152	5							
ES172 or EMT175	4/3							
EMT169 or FRP256	3/4							
EMT176 or FRP153	2/3							
EMT177	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:

Course	Credits	School Taken at or Completion plan	Course # of class taken	Credits Received	“C” min grade
WR121	4				
MTH070 or higher	4				
PSY101 or higher/ Human Relations	4				
COMM 111 or higher	4				

Section 3: The following are considered part of the second year curriculum for the paramedic program. Due to time constraints, it is recommended that you complete these courses before beginning the program.

Courses	Credits	School Taken at or Completion Plan	Course # of class taken	Credits received	“C” min grade
HPE295	3/4				
Social Science/ Humanity elective	4				

Work/Training History & References

Form #6

Certification Statement:

I, _____ (print name) acknowledge that the information set forth on this form is true and accurate. I also give permission to: Chemeketa Community College EMT/Paramedic Program, the selected committee members, and the program faculty to contact the references I have listed. I understand that any information given by the references I have listed will remain confidential between the college and the references.

Signature: _____ Date: _____

Health-Care Related Experience: List all paid and volunteer activities in chronological order starting with the most current.

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

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

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #
Description of duties/skills:					
Description of duties/skills:					

References:

List at least three references, preferably those familiar with EMS activities. **Do not** include Chemeketa faculty.

	Name (first, last)	Address (#, street, city, state, zip)	Phone Number
1.			
2.			
3.			
4.			

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