



Application Packet

Advance EMT Fall 2018



Applications must be turned in to:

(In person)

Chemeketa Community College
Brooks Training Center
4910 Brooklake Rd NE, Brooks, OR 97305
Building 1 or 2, Lobby Office

(Mailed)

Chemeketa Community College
Brooks Training Center: Chris Arbuckle
4910 Brooklake Rd NE, Brooks, OR 97305

Submission deadline: August 31st, 2018 by 4:00 pm

Faculty Contact Information:

Gregg Lander: (Paramedic)

Phone: 503.399.2664

Gregg.Lander@chemeketa.edu

Chris Arbuckle: (Paramedic)

Phone: 503.399.2663

Chris.Arbuckle@chemeketa.edu

Kiva Lyell: (EMT)

Phone: 503.399.2660

Kiva.Lyell@chemeketa.edu

Rhonda Wood: (Clinical Coordinator)

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

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Chemeketa Community College Emergency Medical Services

Advance EMT

Students take specialized advance training to expand the role of an EMT to include more invasive procedure and comprehensive assessments. The Advance EMT course is **a limited enrollment program** and requires an application to be accepted. The Advance EMT program starts Fall term. Students must apply for admission. Clinical rotations in hospitals and with ambulance services provide hands-on EMS experience. Successful completion qualifies the student to take the State of Oregon and/or National Registry examinations for licensure as Advance EMT.

Advance EMT Chemeketa Requirements

The prerequisites for the Advance EMT class are listed on the course checklist. If an Advance EMT 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). In addition, there are a variety of days and hours at our outreach testing centers located in Yamhill and Polk County. They can be reached at: 503-399-6556.

Application Requirements

The Advance EMT is a limited entry enrollment with an average of 24 students each cohort. Applicants must meet the following criteria to be considered for a position in the class:

1. Applicant must be licensed as an Oregon EMT with good standing.
2. Currently employed or volunteering with an EMS agency and/or health care facility (ex. Hospital, clinic, or urgent care).
3. Current AHA BLS card with expiration date after January 2019.
4. Letter of recommendation from a current supervisor and/or training officer that is able to speak to your character and the ability to support your success.
5. Current driver license that is valid.
6. Current high school diploma or GED.
7. All vaccination current and/or completed prior to the first day of Fall term September 24th, 2018 per Chemeketa requirements (See attached form).

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)
- Completed vaccinations
- AHA BLS card with acceptable expiration date
- Work history
- Endorsement Letter from EMS Chief/CEO/Chief

Chemeketa Advance EMT Course-Packet Instructions

Please read each page carefully. You will be given consideration 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 Advance EMT application process is very competitive due to the programs limited enrollment. It is the faculty's goal to admit the candidates with the most qualified applications.

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
Brooks Campus - Building 1
4910 Brooklake Rd
Salem, OR 97305

If you are mailing the application, it must be postmarked by **August 31st, 2018** to be considered for the Fall 2018 class. Mail the application to:

Chris Arbuckle
Chemeketa Community College
4000 Lancaster NE
Salem, OR 97309

Advance EMT Course Check List

Your application packet for Fall Term 2018 entry must include the following documents and presented as one complete packet.

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

Name: _____

- ___ Completed Advance EMT Course Check List (this page)
- ___ **\$15.00 check or money order (non-refundable) made out to Chemeketa Community College**
- ___ Completed Form #1 (“Personal Data”)
- ___ Copy of Oregon licensure as an EMT; or proof of eligibility for licensure as an Oregon EMT with planned test date of: _____
- ___ Copy of current/valid American Heart Association BLS (Healthcare Provider) Card; expiration date: _____
- ___ Copy of High School Diploma or GED
- ___ Copy of current/valid Driver’s License
- ___ Completed and Signed Form #2 (“Driving & Criminal Record Statements”)
- ___ Completed and Signed Form #3 (“Information Release”)
- ___ Completed Form #4 (“Work/Training History and References”)—remember to include starting and ending dates for activity or employment.
- ___ Endorsement letter from an EMS Chief/CEO/Chief (place this after Form #4)
- ___ Completed Form #5 Vaccination records. You must submit documentation demonstrating all of the required immunizations.

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: _____

Chemeketa K#: _____ (If you are a new student please apply to school and this will be assigned.)

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 #: _____

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 and must provide a copy of it. 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 DUII, multiple moving violations or accidents within the last three years.

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

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:** _____

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 AEMT 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 certifying my fitness for the program. I will also provide verification of the screenings and immunizations, 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 AEMT Program. I understand that these investigations will include criminal record background/Drug screening. 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:** _____

Work/Training History & References

Form #4

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/AEMT/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.

Form #5

Required Documentation – AEMT

You need to provide copies of the following:

- Documentation of high school diploma **OR** GED
(can bring a copy of your diploma or submit an unofficial transcript that shows your graduation date)
 - Documentation of Placement test (or submit an unofficial transcript that shows you have met the math, reading and writing requirements)
 - Documentation you had chickenpox and complete form **OR**
 - Documentation of Varicella #1 AND Varicella #2 shots **OR**
 - Antibody immunity (blood test) for varicella
 - Documentation of MMR #1 and MMR #2 shots **OR**
 - Antibody immunity (blood test) for measles, mumps, and rubella
 - Documentation of current Tdap (tetanus) (good for 10 years)
 - Documentation of TB (tuberculosis) test and **results** (good for 1 year); skin test **OR** blood test
 - Documentation of hepatitis B shots (must have all 3 or be current in the series) **OR**
 - Antibody immunity (blood test) for hepatitis B
 - Flu shots are strongly suggested but not required. If you do not have a flu shot you must wear a mask for ALL patient interactions in the hospital, from November-April.
 - Copy of your AHA Healthcare Provider CPR card
 - Copy of your EMT license
- NOTE: Drug screening (taken randomly) and criminal background check – these will be done in class at a random date; bring your driver's license to each class for this.

Place all documentation in your class folder outside of room 209A.

Failure to meet this requirement means that you will not be allowed to participate in the class. These are due when you submit your application.

For questions contact:
Rhonda Wood, RN
EMS Program, Clinical Coordinator
Phone (office) 503-399-6062, email rhonda.wood@chemeketa.edu
Office Brooks Campus, Bldg 2, room 209A