Blinn College EMS Paramedic Program (Fall Application)



The Paramedic Program will begin every fall semester and will finish with an internship in the summer (August to August - 3 semesters). We are excited that you have shown an interest in becoming a paramedic, as it is one of the most dynamic and exciting careers in the world. Paramedic training and education is a challenging commitment and applicants are encouraged to visit the EMS Program webpage at www.blinn.edu/emergency-medical-services. For more information regarding our classes, please contact the EMS Program Assistant, Mally R. Hance, at 979-691-2130 or mally.hance@blinn.edu.

Admission into the Paramedic Program is a competitive entry process to include, but not limited to, submission of a complete application and an oral interview. Regardless of your EMS employment status, affiliation with a clinical agency, or your current certification level, you must complete the application in its entirety. Admission to Blinn College does not imply nor guarantee admission to the Paramedic Program nor does acceptance to the Paramedic Program guarantee admission to Blinn College. You must submit a separate application to each entity. The Program Admissions Committee will consider criteria such as letters of recommendation, EMS work experience, academic scores, etc. to determine fall acceptance. A complete list of criteria to be considered for entry is enclosed within this packet.

PLEASE NOTE: Partial or incomplete applications <u>will not</u> be considered for admission to the Paramedic Program. Your application file must be complete.

Please turn in your application and all required documents by mail, email or deliver directly to the Blinn College EMS Office.

By Mail:

Please Note There may be up to a three-day delay in receiving your package.

Blinn College EMS Program

Attn.: Mally R. Hance – RELLIS ACB1

2423 Blinn Blvd. Bryan, TX 77802

By Email:

Please Note Recommendation letters must be emailed directly to mally.hance@blinn.edu by the person recommending you.

Drop off at:

Blinn College EMS Program Office Mally R. Hance – Office # 348 RELLIS Campus Academic Alliance Complex #1 1425 Bryan Road Bryan, TX 77807

Application Deadlines

The deadline to apply for the upcoming fall semester is

Monday, July 6, 2025, by 5:00 p.m. Always check with the EMS Office for possible extension.

Applicants will be notified via email to schedule an interview within two weeks after the deadline.

Blinn College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs or activities. For information regarding Title IX, ADA, Section 504 and other anti-discrimination coordinators, see the Required Notices link at www.blinn.edu.

Blinn College Emergency Medical Services Program Minimum Expectations Goal Statement: "To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."

To be considered as an applicant to the Paramedic Program, the following steps **must** be completed:

1. APPLY FOR ADMISSION TO BLINN COLLEGE

Students must meet Blinn College requirements for admission. You may visit www.applytexas.org to submit an application to Blinn College.

2. SUBMIT COPIES OF ALL COLLEGE TRANSCRIPTS

Unofficial transcripts will be accepted for the Paramedic Program application process; however, official copies are required by Blinn for admission to the college.

3. <u>MEET ALL PARAMEDIC PROGRAM REQUIREMENTS FOR CERTIFICATE AND/OR DEGREE</u>

Prerequisites for entry into the Paramedic Program are as follows:

Meet TSI Compliance Standards for the Degree

A student must be TSI college ready by Blinn College standards. You may visit the Blinn College TSI website at www.blinn.edu/testing/tsi for further information.

□ College Level Anatomy & Physiology – DEGREE Options:

Certificate does not require BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.

BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.

Complete BIOL 2401, Anatomy & Physiology I prior to entry:

- □ Successfully complete one semester of college-level human Anatomy & Physiology (BIOL 2401, Anatomy & Physiology I) prior to acceptance into the Paramedic Academy. If you are taking BIOL 2401, Anatomy & Physiology I during the summer, your submitted transcript must reflect enrollment in the class.
- □ Co-enroll in college-level BIOL 2401, Anatomy & Physiology I during the fall semester. Co-enroll in college-level BIOL 2402, Anatomy & Physiology II during the spring semester.

You must complete both BIOL 2401 and BIOL 2402 to fulfill the degree requirements. This fulfills the degree plan requirement for A&P but does not replace BIOL 2404 for other programs. Speak with an advisor for clarification and specific advice. You must achieve a grade of "C" or better on both courses to receive a course completion and be eligible for the certificate or degree.

□ **EMT Certification** – Two Options:

- 1. <u>Submit Current Certification:</u> Submit a copy of your certification as an EMT from either the National Registry of EMT's (NREMT) or Texas Department of State Health Services (TDSHS).
- 2. <u>Submit Proof of Eligibility to Test:</u> Submit a letter of explanation, when you expect to take the NREMT Exam, and proof of EMT Training (transcript or other). **If you are accepted to the program, you must provide evidence of certification as an EMT within 30 calendar days of the first day of the Paramedic Program. If you are not certified within 30 days, you will not be allowed to continue in the Paramedic Program.**

For information on EMT training please visit our webpage at www.blinn.edu/emergency-medical-services.

Requirements after Acceptance/Enrollment

These are not prerequisites for entry but will be required upon acceptance:

□ CPR Certification

You must be certified in CPR at the Healthcare Provider/Professional Rescuer level to participate in clinical rotations. Specific deadlines to submit CPR certification will be given once you begin the Paramedic Program. The EMS Program offers CPR courses at the beginning of every semester.

□ Immunizations

All accepted students to the Paramedic Program will be required to submit documentation of all immunizations required by the Blinn College Division of Health Sciences before being allowed to participate in clinical rotations.

Once you begin the program, you will be given a deadline to have all immunizations completed and submitted to the program. If documentation is not submitted by the specified deadline, you will be considered ineligible to continue in the Paramedic Program. A list of the required immunizations is provided on the next page.

Health Sciences Required Immunizations

TB Test

- Date of vaccine must be good within a year (Must be valid throughout your entire program)
- Accepted TB tests:
 - TB skin test (with a negative result)
 - If positive, then complete Tspot or Quantiferon Gold
 - T-Spot (with a negative result)
 - If positive, get x-ray
 - Quantiferon Gold (with a negative result)
 - If positive, get x-ray
 - X-ray (negative chest x-ray)
 - Valid for three years
 - Must upload the radiology report
 - Must complete an annual TB questionnaire
 - o If you have received the BCG vaccination, then you must follow x-ray protocol or get a T-spot (with a negative result).

TDAP (Tetanus, Diphtheria, and Pertussis)

- Date of the vaccine must be within 10 years.
- Must have the combo vaccine that contains all 3 vaccines.
- May appear on immunization history as TDAP or DTAP.

MMR (Measles, Mumps, Rubella)

- Option A: 2 vaccines (that are at least 4 weeks apart)
- Option B: A positive titer/serologic test for measles, mumps, and rubella
 - Must be a quantitative test
 - o If your titer test is negative, you must get booster vaccines following the test.

Varicella

- Option A: 2 vaccines, a minimum of 4 weeks apart
 - o May appear on immunization history as VAR or MMRV.
- Option B: A positive titer/serologic test for Varicella
 - Must be a quantitative test
 - o If your titer test is negative, you must get booster vaccines following the test.

Meninaitis

• Follow Blinn College Policies, : https://www.blinn.edu/immunizations/index.html

Influenza

- 1 vaccine within a year
 - o Must be within the current flu season

COVID Vaccine

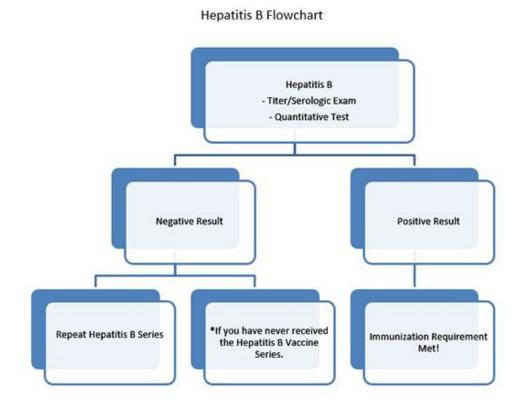
Per Clinical Facility requirements

Physical

• A physical exam is required once accepted into the program or as directed by the program.

Hepatitis B Titer test

- A positive titer/serologic test for Hepatitis B
 - Must be a quantitative test
 - If your titer test is negative, you must get booster vaccines/repeat series following the test.
- *If you never had the Hepatitis B vaccination, see Hepatitis B Flowchart



*Hepatitis B Series Options

Option A: 3 dose series Hepatitis B (Energix B, Recombivax HB). Doses received at 0, 1, 6 months.

Option B: 2 dose series Hepatitis B (Heplisav B). Doses received at least 4 weeks apart.

Option C: 3 dose series Hepatitis A – Hepatitis B (Twinrix). Doses received at 0, 1, 6 months.

Once the series is completed, a new Hepatitis B titer/serologic test must be taken.

Definitions:

- Titer/Serologic test: a test where blood is drawn to test the antibody levels in your system.
 - A positive result means that you have the correct number of antibodies in your system for the tested immunization.
 - A negative result means that you do not have the correct number of antibodies in your system.
- Quantitative test: a test that shows numerical values.
- Reference range: acts as a key to determine what the values of your quantitative titer/serologic test results mean.

Application Deadlines

The deadline to apply for the upcoming fall semester is

Monday, July 6, 2025, by 5:00 p.m. Always check with the EMS Office for possible extension.

Applicants will be notified via email to schedule an interview within two weeks following the deadline for application submission. If you have not received notice from us **after** two weeks, please contact the program office at 979-691-2130 or mally.hance@blinn.edu.

Application Grading Criteria

Blinn College Paramedic Program applicants will be scored based on the following criteria:

College and/or High School G.P.A.
 A&P Grade (s)

- Recommendation letters - Years of Military Service

- Years of Active EMS Service - Years of Volunteer Service

Interview Process

Once all applications have been reviewed, the interview process will begin. Students that have submitted a complete application and meet all prerequisite criteria will be contacted to schedule an interview.



Date

Blinn College Health Sciences Program

Student Fall Application PARAMEDIC PROGRAM APPLICATION CHECKLIST

(must be included with application)

Submit your application in the following order.

, and approximation and action action and action action and action action action action action action and action
THIS PAGE SHOULD BE THE FIRST PAGE PRIOR to the program application.
☐ Completed Student Application
☐ EMS Background Questionnaire
☐ Copies of all college transcripts
 Blinn Students have access to this information through myBLINN
☐ Current EMT Certification (attach copy of front and back) OR letter of explanation with
date of EMT Course and expected date of NREMT exam
lacktriangle Three letters of recommendation with the accompanying evaluation form. Each letter
<u>must</u> be sealed and signed across the seal by the evaluator.
By providing my signature on this form, I acknowledge that I have read and understand all the requirements and prerequisites that must be completed in order to be considered for entry nto the Paramedic Program.
Printed Name
Tillited Ivallie
Signature



Associate Degree Nursing

Select the program you are applying for:

Blinn College Health Sciences Program Student Fall Application

☐ Physical Therapist

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Degree or Certificate

NOTE: YOU MUST SUBMIT AN APPLICATION TO BLINN COLLEGE FOR CONSIDERATION FOR ANY OF THE HEALTH SCIENCES PROGRAMS.

Campus

☐ Dental Hygiene		Radiologic Techno	logy L RELLIS	Emergency Medical
Licensed Vocation	onal Nurse – Transition	Vocational Nursing	5	Services AAS Degree
to ADN				☐ Paramedic Tech.
☐ Paramedic Acad	lemy (Fall Program)			Certificate – Level 1
			<u> </u>	
APPLICANT:	S WILL BE REQUIRED T	O COMPLETE DRUG SCI	REENS AND BACKGR	OUND CHECKS UPON
ACCEPTANCE. SF	PECIFIC PROGRAM REC	UIREMENTS CAN BE AC	CESSED FROM EAC	H PROGRAM'S WEBSITE AT
		vww.blinn.edu/health-:		
Name:				
Last	First	Middle Maide	n Name Previo	us Name
Mailing Address				
Walling Address.		eet City		Zip
		-		•
E-Mail:				
Permanent Addre	ss:			
	Number	Street	City Sta	ate Zip
*Vour Blinn ID #	D will he sent to your Rlinn	linn ID#:	 have annlied and hee	n accepted to Blinn College
Tour billill to #	·	•	• • • • • • • • • • • • • • • • • • • •	· · · · · ·
16		Y APPLIED TO A BLINN CO		
IT SO, Which	program?	V	vnen ?	
		PREVIOUS EDUCAT	ON	
Provide unofficial tra	nscripts from every College	e/University you have atter	ded with this application	on.
	-		anscript. You must also	be a high school graduate or
have obtained a GED	to be admitted to any Heal I	th Sciences Program.	Ni	T
		Location (Complete	Number of	
Type of School	Name of School	Mailing Address)	Years/Hrs. Completed	Major & Degree
	Hame of School	Maning Addicasj	Completed	inajor & Degree
High School / GED				
College				
i	•		1	1

	OYMENT	1
(Begin with the most rece	Employment Dates	Reason for Leaving
Name of Employer:	Employment bates	incason for Leaving
Address:	From	
City, State, Zip Code:	То	
Phone Number:		
Name of employer:	Employment Dates	Reason for Leaving
Address:	From	
City, State, Zip Code:	То	
Phone Number:		
Name of employer:	Employment Dates	Reason for Leaving
Address:	From	
City, State, Zip Code:	То	
Phone Number:		
Name of employer:	Employment Dates	Reason for Leaving
Address:	From	
City, State, Zip Code:	То	
Phone Number:		
MAY WE CONTACT YOUR	R PRESENT EMPLOYER?	
☐ YES	□ NO	
PLEASE LIST TWO CONTACT	S IN CASE OF EMER	GENCY
Name: Name	::	
Relationship: Relationship	onship:	
Telephone (Home): Telephone	hone (Home):	
(Cell): (Work): (Cell)	: (V	Vork):
SIGNA	TURE	
I certify that the information provided in this application is correct a information is grounds for exclusion and/or dismissal from the appli entrance requirements and to conform and abide by the letter and and the Paramedic Program.	cation process. If accepted i spirit of the rules, regulation	nto the program, I agree to meet all
Signature:	Date:	



Stuc	dent Name: Date:	_
	EMS Background Questionnaire	
1.	What is your current EMS certification level?	_
2.	Where did you take your EMT courses?	_
3.	How long have you been certified? Years Months	
4. If yes,	Are you currently employed with an agency utilizing your EMS certification? Yes N	0
Э.	Which agency are you employed by?	
0.	How long have you been employed by the above agency? Years Months	
5.	Have you served in the military? Yes No If yes: years of service:	_
6.	Have you completed any volunteer hours? Yes No	
	If yes, with which agency or organization?	

Please Note

Immunization records will be turned in during Orientation which is the first day of the class.



RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be Completed by the Applicant:

NAME	Last	First	Middle	
B-00-				
Blinn (College ID		Date	
use, core	pleted form. Waive - I he onfidential	ereby waive my right of accoinformation, including but no received in connection w	e to waive or not to waive the rig ess to, and authorize Blinn C ot limited to letters, statem ith my request for admissio	ollege to ents and
	Do not wai	ve		
Applica	nt Signature	<u>:</u>		



Student Name you are Recommending

To be Completed by the Recommender:

How long have you known the applicant?

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.

Area of Evaluation	Superior	Above Average	Average	Below Average
Intellectual Ability	4	3	2	1
Ability to Communicate	4	3	2	1
Self-Reliance/Independence of Thought	4	3	2	1
Motivation	4	3	2	1
Integrity	4	3	2	1
Profession Interest	4	3	2	1
Reliability	4	3	2	1
Attitude toward authority	4	3	2	1
Cooperative	4	3	2	1
Cooperativeness	<u> </u>	_		
Decision making skills	4	3	2	1
				1
Decision making skills	ed above.			1
Decision making skills Total Score: endation (please check one) recommend without reservation. recommend with reservations as note cannot recommend at this time.	ed above.		2	

Please add any comments that might assist our office in making a judgment about the applicant's admission to the Blinn College Paramedic Program. Comments may be added to the back of this document or include a separate letter in a sealed envelope with signature across the seal.



RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be Completed by the Applicant:

NAM	E Last	First	Middle	
B-00-				
Blinn	College ID		Date	
	check the appro	priate box indicating your desire	e to waive or not to waive the ri	ght of access to
reco	confidential i	nformation, including but n received in connection wi	ess to, and authorize Blinn (ot limited to letters, staten ith my request for admission	nents and
	Do not waiv	ve		
Applica	ant Signature	:		



Student Name you are Recommending

To be Completed by t	the Recommender:
----------------------	------------------

How long have you known the applicant? _____

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.

Area of Evaluation	Superior	Above Average	Average	Below Average
Intellectual Ability	4	3	2	1
Ability to Communicate	4	3	2	1
Self-Reliance/Independence of Thought	4	3	2	1
Motivation	4	3	2	1
Integrity	4	3	2	1
Profession Interest	4	3	2	1
Reliability	4	3	2	1
Attitude toward authority	4	3	2	1
Cooperativeness	4	3	2	1
Decision making skills	4	3	2	1
Total Score:				
endation (please check one) I recommend without reservation. I recommend with reservations as note I cannot recommend at this time. I prefer talking to the program director				

Please add any comments that might assist our office in making a judgment about the applicant's admission to the Blinn College Paramedic Program. Comments may be added to the back of this document or include a separate letter in a sealed envelope with signature across the seal.



RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

NAME	Last	First	Middle
B-00-			
Blinn C	College ID		Date
	eck the appropria	ate box indicating your desire	to waive or not to waive the right of access
	Maiyo I borok	ov waive my right of acce	ss to, and authorize Blinn College to
use, co recom	onfidential info	prmation, including but no	ot limited to letters, statements and the my request for admission to the



<mark>Student Name</mark>	you are Recommending
---------------------------	----------------------

To be Completed by the Recommender:

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.

	Please evaluate the applicant by ci	rcling the nu	mber that re	presents you	r opinion:
	Area of Evaluation	Superior	Above Average	Average	Below Average
	Intellectual Ability	4	3	2	1
	Ability to Communicate	4	3	2	1
	Self-Reliance/Independence of Thought	4	3	2	1
	Motivation	4	3	2	1
	Integrity	4	3	2	1
	Profession Interest	4	3	2	1
	Reliability	4	3	2	1
	Attitude toward authority	4	3	2	1
	Cooperativeness	4	3	2	1
	Decision making skills	4	3	2	1
	Total Score:				
	endation (please check one)				
_					
_	recommend without reservation.				
-	recommend without reservation.	ed above			
	recommend without reservation.	ed above.			
	recommend without reservation.	ed above.			
	recommend without reservation.				

Please add any comments that might assist our office in making a judgment about the applicant's admission to the Blinn College Paramedic Program. Comments may be added to the back of this document or include a separate letter in a sealed envelope with signature across the seal.