

# Blinn College EMS Program Paramedic Academy



The Paramedic Academy will begin every fall semester and will finish with an internship in the Summer (September 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 <http://www.blinn.edu/twe/ems/> for more information about Paramedic careers or classes contact the Program Director Jason Segner (979)209-7508; [jsegner@blinn.edu](mailto:jsegner@blinn.edu).

Admission to the Paramedic Program is **COMPETITIVE** and there are limited spots available. Regardless of your EMS employment status or affiliation with a clinical agency, or your certification level, you **MUST** complete the application in its *ENTIRETY*. Admission to Blinn College does not imply or guarantee admission to the Paramedic Program and acceptance to the Paramedic program does not guarantee admission to Blinn College. The program admission committee will consider criteria such as letters of recommendation, EMS work experience, and academic scores to select the students. Partial applications are accepted, but to be admitted to the Paramedic Academy, you must have your application file complete.

**Return this application & ALL REQUIRED enclosures by mail or in person to:**

*Blinn College EMS Program*

*Attention: Jason Segner*

*P.O. Box 6030 Bryan, Texas 77805-6030*

Or return to EMS Program Office H 119

Blinn College seeks to provide equal education without regard to race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reason. The policy extends to all programs and activities supported by the College.

To be considered 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 and any applicable placement testing. You may visit the Blinn College website at [www.blinn.edu](http://www.blinn.edu) for an application. Acceptance into the paramedic Program DOES NOT guarantee admission to Blinn College, or vice versa.

**2. SUBMIT COPIES OF ALL COLLEGE TRANSCRIPTS**

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

**3. MEET ALL PARAMEDIC PROGRAM PREREQUISITE REQUIREMENTS**

Prerequisite requirements for entry into the Paramedic Program are as follows:

You **MUST** meet minimum TASP scores (270-math, 230-reading, 6-writing) or equivalent THEA, be SAT exempt, or have completed the appropriate remediation sequence **PRIOR** to starting classes in the fall semester. If you are currently taking the developmental sequence and will have finished it prior to the upcoming Fall semester, you may still submit an application to the Paramedic Academy. Please contact academic advising at (979) 209-7455 to set up an appointment with an advisor to determine remediation sequence if necessary. If you are currently taking the remediation sequence, you must provide proof that you are enrolled in the appropriate classes. Prior to being allowed to register in any paramedic classes, you will be required to provide proof of successful completion of the appropriate developmental class work.

**4. COLLEGE LEVEL ANATOMY & PHYSIOLOGY**

You have three options for A&P.

**1.** Successfully complete at least one semester of Anatomy & Physiology (BIOL 2401) or higher/equivalent college credit **PRIOR** to enrolling in Paramedic. If taking A&P during the summer, you must provide proof of enrollment with this application if you have not yet taken A&P. You will be required to provide proof of completion the A&P class **PRIOR** to being allowed to register for any paramedic classes.

**2.** You may co-enroll in BIOL 2401 during the first semester of the Paramedic Academy. You must make a grade of “C” or better in BIOL 2401 to continue to the second semester of Paramedic Academy.

**3.** You may co-enroll in VOCN 1420 *Anatomy & Physiology for Allied Health*. This course is only offered during the fall and has limited seating, see Jason to get information about this course. This course **DOES NOT** satisfy the A&P requirement for the Associates Degree; it only allows you to enroll in Paramedic Academy. You must make a grade of “C” or higher in VOCN 1420 in order to continue to semester II of Paramedic Academy.

There are NO EXCEPTIONS to the A&P requirement. College transcripts are acceptable documentation for this requirement.

**5. EMT BASIC CERTIFICATION**

You MUST be a Texas or National Registry certified EMT-Basic. Please submit copies of certification cards. If you have completed an accredited EMT-Basic course in Texas and are eligible for testing, you may still submit an application. If you are accepted to the program, you must provide proof of certification as an EMT-Basic within 30 calendar days of the first day of the Paramedic Academy. If you are not certified by then, then you will not be allowed to continue in the program. Additionally, the student will not be eligible to participate in ANY clinical rotations until you can provide proof of certification as an EMT-basic. For information on EMT-Basic training please contact the Program Director at (979) 209-7508 or visit our webpage at <http://www.blinn.edu/twe/mhs/> .

**6. CPR CERTIFICATION**

You must be certified in CPR at the Healthcare Provider level or equivalent as approved by EMS Program Director. Please note that this is not a requirement to start Paramedic classes, however, you must be certified prior to doing ANY clinical rotations. The EMS Program teaches supplements CPR courses and offers information about obtaining your CPR certification.

Applications are accepted all year long. **Deadline to be considered for the upcoming Academy is the second Friday in July.** Any applications received after that date will be kept and considered for the following year's academy class.

Applicants will be notified by mail of their acceptance or denial within one week following the deadline for application submission for the upcoming academy class. You may mail your application to the address listed in this packet, or drop it by the EMS program office (H-119).

You are required to submit the results of a drug screen and criminal background check once you have been ***accepted*** into the Paramedic Academy. Positive results on either will be reviewed by the Program Director per Allied Health Program Policies. In the past, College Station Medical center has been offering free drug screens to Blinn pre-allied health students and may still be conducting that program. Any costs associated with the testing are the responsibility of the applicant.

**GOOD LUCK!!!!!!**



High School				
College				

**HAVE YOU PREVIOUSLY APPLIED TO A BLINN COLLEGE ALLIED HEALTH PROGRAM?**       Yes       No

Which one \_\_\_\_\_ When \_\_\_\_\_

**EMPLOYMENT**  
(Begin with the most recent years or attach a resume.)

Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	

**MAY WE CONTACT YOUR PRESENT EMPLOYER?**

Yes       No

**PLEASE LIST TWO CONTACTS IN CASE OF EMERGENCY**

Name _____	Name _____
Relationship _____	Relationship _____
Telephone: (Home) _____	Telephone: (Home) _____
(Cell) _____ (Work) _____	(Cell) _____ (Work) _____

**SIGNATURE**

I certify that the information, provided in this application, is correct and complete. I understand that omission or falsification of information is grounds for exclusion and dismissal. If accepted into the program, I agree to meet all entrance requirements and to conform and abide by the letter and spirit of the rules, regulations, and procedures of Blinn College and this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the manner in which you found out about this program:

- Career Fair(s)
- Community Contact(s)
- Family Member
- High School Counselor
- Movie Advertisement(s)
- Healthcare Workers in Practice
- Television Advertisement(s)
- Recruiting Presentation @ Your High School
- Other \_\_\_\_\_

# PARAMEDIC PROGRAM APPLICATION

## APPLICATION CHECKLIST (Must be included with application)

Submit your application in the following order. INITIAL EACH BOX. THIS PAGE SHOULD BE THE FIRST PAGE PRIOR TO the program application.

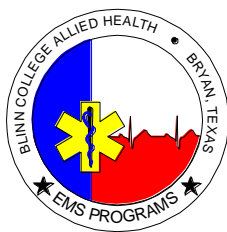
- Program Application
- Copies of College Transcripts/unofficial transcripts are acceptable for the EMS Program
- Current EMS Certification (Attach Copy front and back)
- Or if currently enrolled in EMT-Basic Class: Affidavit of Current EMS Course Enrollment if currently enrolled in EMT or EMT-Intermediate course.
- Current CPR Healthcare Provider Certification or equivalent through Red Cross Professional Rescuer
- Letters of Recommendation – 3. Each MUST be sealed and signed across the seal by the evaluator.

## IMMUNIZATION HISTORY

If you are accepted into the Paramedic Program you will need to provide proof of the following immunizations as well as a baseline physical exam.

*\*\*THIS DOES NOT HAVE BEARING ON YOUR ACCEPTANCE INTO THE PROGRAM. IT IS ONLY PROVIDED FOR YOUR INFORMATION.*

**DO NOT PROVIDE THIS INFORMATION AT THIS TIME.**



## **BLINN COLLEGE EMS PROGRAM IMMUNIZATION REQUIREMENTS REFERENCE SHEET**

The following immunizations are required by law according to Rule 97.64 of the Texas Administrative Code Revised effective April 1, 2004 for all students enrolled in higher education courses involved in direct patient care contact.

Submit a copy of the records of the following immunizations with a validation stamp or signature, a signed statement from a physician, or lab report indicating serologic confirmation.

### **1. TETANUS/DIPHTHERIA** (Immunization)

All students must have proof of a tetanus/diphtheria immunization within the last 10 years.

### **2. RUBELLA** (Immunization or blood test)

All students must have proof of one dose of rubella vaccine administered on or after their 1st birthday or serologic confirmation of rubella immunity or serologic evidence of infection.

### **3. MEASLES** (Immunization or blood test)

All students born after January 1, 1957 must have proof of two doses of measles vaccines administered on or after their 1st birthday at least 30 days apart or proof of serologic confirmation of measles immunity or serologic evidence of infection. At least one dose must be completed prior to patient contact. Measles is also known as rubeola.

### **4. MUMPS** (Immunization or blood test)

All students born after January 1, 1957 must have proof of one dose of mumps vaccine administered on or after their 1st birthday or proof of serologic confirmation of mumps immunity or serologic evidence of infection.

5. **VARICELLA** (Immunization, blood test or validated history)

All students must have one dose of varicella vaccine after their 1st birthday if the vaccine was received prior to the 13th birthday, two doses of varicella vaccine if the vaccine was received after the 13th birthday, serologic confirmation of varicella immunity, or history of varicella (chicken pox) illness validated by student, student's parents or physician.

6. **HEPATITIS B** (Immunization or blood test)

All students must receive a complete series of three hepatitis B vaccines or show serologic confirmation of immunity to hepatitis B prior to the start of direct patient care. **If time is an issue, the Center for Disease Control (CDC) recommends an accelerated schedule with a first dose followed by a second dose in 4 weeks, and followed by the 3rd dose at least 4 months from the initial dose and eight weeks from the 2nd dose. Do not take the combination Hepatitis A & B immunizations because they cannot be given according to the accelerated schedule.**

Note: A MMR immunization includes one measles, one mumps, and one rubella vaccination.

PREGNANCY - Requirements for hepatitis B, varicella, measles, rubella and mumps vaccines are waived during pregnancy. Pregnancy is not a medical contraindication for administration of Tetanus/diphtheria toxoids, but it is best to delay until the second trimester.

Copies of records from physician's offices, public health department, public schools, other colleges and the military are acceptable.

\*\*Students should provide a copy of the records or write in the dates on the provided form. ***Please do not turn in the originals.***

- Beginning in the fall of 2003, in accordance with the Joint Commission on Accreditation of Hospitals and Organizations (JCAHO) all students enrolled in a health occupations program will be required to have a negative criminal background and registry checks and drug screen prior to beginning clinical rotations. Details about the requirements for background checks and drug screens will be provided at registration.
  - Drug Screen can be done free of charge at College Station Medical Center for Blinn College EMS Program students.
  - Criminal Background check \$20 and must be done through PreCheck

## RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

**To be completed by the applicant:**

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**NAME:** Last  
(Maiden)

First

Middle

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Blinn College ID

Date

Please check the appropriate box indicating your desire to waive or not to waive the right of access to the completed form.

- Waive - I hereby waive my right of access to, and authorize Blinn College to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Paramedic program.
  
- Do not waive

Student Signature \_\_\_\_\_

**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 student. If the seal is tampered with, the student WILL not receive credit for your evaluation.**

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual Ability	1	2	3	4
Ability to Communicate	1	2	3	4
Self Reliance/Independence of Thought	1	2	3	4
Motivation	1	2	3	4
Integrity	1	2	3	4
Profession Interest	1	2	3	4
Reliability	1	2	3	4
Attitude toward authority	1	2	3	4
Cooperativeness	1	2	3	4
Decision making skills	1	2	3	4
<b>Total:</b>				

**Recommendation** (please check one)

- I recommend without reservation.
- I recommend with reservations as noted above.
- I cannot recommend at this time.
- I prefer talking to the program director.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title/Position \_\_\_\_\_

Please add any comments that might assist the department in making a judgment about the applicant's admission to the Paramedic Program. A recommendation letter is not required, however if you feel the candidate has qualities that need to be revealed by additional information, you may include a letter. Again thank you for taking time out of your busy schedule to assist this candidate.

**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 student. If the seal is tampered with, the student WILL not receive credit for your evaluation.**

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In what capacity? \_\_\_\_\_

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Cooperativeness	1	2	3	4
Decision making skills	1	2	3	4
<b>Total:</b>				

**Recommendation** (please check one)

- I recommend without reservation.
- I recommend with reservations as noted above.
- I cannot recommend at this time.
- I prefer talking to the program director.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title/Position \_\_\_\_\_

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Profession Interest	1	2	3	4
Reliability	1	2	3	4
Attitude toward authority	1	2	3	4
Cooperativeness	1	2	3	4
Decision making skills	1	2	3	4
<b>Total:</b>				

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Signature \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title/Position \_\_\_\_\_

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