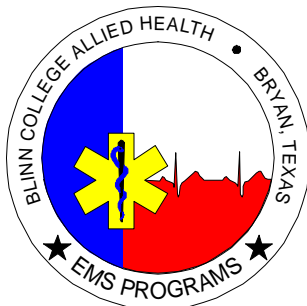


Blinn College EMS Program Paramedic/EMT **Intermediate Application Packet**



The 2004-2005 Paramedic Program will begin in the fall semester of 2004 and will finish with an internship in the Summer of 2005. 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/mhs/> for more information about Paramedic careers or contact the program coordinator at (979) 209-7522 with any questions. Admission to the Paramedic Program is **COMPETITIVE**. Even if you are only planning to take the first semester to obtain EMT-Intermediate certification or applying as an EMT-Intermediate for a Paramedic completer, you must apply and be accepted. Regardless of your EMS employment status or affiliation with a clinical agency, or your certification level, you **MUST** complete the application and testing process 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. A program admission committee that considers criteria such as the HOBET test scores, letters of recommendation, and academic scores selects students.

To be considered and 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 for an applications. 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 application process; however, official copies **MUST** be received **PRIOR** to student being allowed to register for Paramedic classes.
3. **MEET ALL PARAMEDIC PROGRAM PREREQUISITE REQUIREMENTS**

Requirements for entry into the Paramedic Program are as follows

1. You **MUST** meet minimum TASP (270-math, 230-reading, 6-writing) or equivalent THEA EMS Program requirements, or have completed the appropriate remediation sequence **PRIOR** to starting classes in the fall semester. 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 remedial class work.
 2. You **MUST** have completed at least one semester of Anatomy & Physiology (BIOL 2401) or higher/equivalent college credit **PRIOR** to being allowed to register for any Paramedic classes in the fall semester or you will be required to successfully complete EMSP 1491 (Fundamental of Anatomy and Physiology for EMS) in the Summer II 2004 semester before the fall 2004 cohort begins. Please refer the EMS program website at <http://www.blinn.edu/twe/mhs/> under “Special courses” for more information on this course. If you choose to take the traditional A&P instead 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. There are **NO EXCEPTIONS**. College transcripts are acceptable documentation for this requirement.
 3. 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 days of the first day of class. If you are not certified by then, then you will not be allowed to continue in the program. You 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 secretary at (979) 209-7284 or visit our webpage at <http://www.blinn.edu/twe/mhs/> .
 4. You must take the Health Occupations Basic Entrance Test (HOBET). You may sign up to take the test at the Blinn College Business office in Bryan or call (979) 209-7286. Please note there is a nominal fee for this examination. We will access your scores once your application is received. An application is not considered complete until all components (including the HOBET) are complete
 5. You must be certified in CPR at the Healthcare Provider level. Please note that this is not a requirement to start Paramedic classes, however, you must be certified prior to doing **ANY** clinical rotations.
4. Applicants will be notified by mail of their acceptance or denial. Deadline for applications is **6/25/04 at 5pm**. Do not call the EMS program office to check the

status of your application. This information will not be given over the phone. You may mail your application to the address listed in this packet, or drop it by the EMS program office (H-119)

5. EMT-Intermediates, please note, you will only be required to take Pharmacology (EMSP 2434) in the Fall semester, although you are allowed to register for ALL of the fall courses except for the clinical section. You will be required to take all of the spring and summer course work and must have all prerequisites completed prior to the first day of fall classes. Any EMS coursework taken by an EMT-Intermediate will have to be passed according to Blinn College EMS Program Policies before the student will be allowed to proceed to next level class whether the class is required or not.

GOOD LUCK!!!!!!

**BLINN COLLEGE
ALLIED HEALTH PROGRAMS**

Please check the appropriate program:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> ADN | <input type="checkbox"/> PTA |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> RAD TECH |
| <input type="checkbox"/> Dental Aide | <input type="checkbox"/> Compu. |
| Tomog. | |
| <input type="checkbox"/> EMS | <input type="checkbox"/> VOCN |

Student Application

PERSONAL:

Date: _____ Social Security #: _____ Ph # Home: _____ Ph # Work: _____

Email Address: _____

Name: _____

_____	_____	_____	_____
Last	First	Middle	Maiden Name
Previous Name			

Permanent Address: _____

_____	_____	_____	_____
Street No.	City	State	
Zip			

Mailing Address: _____

_____	_____	_____	_____
Street No.	City	State	
Zip			

EDUCATION:

Provide unofficial transcripts from colleges/universities attended with this application. It is your responsibility to provide Blinn Admissions with an official transcript. (VOCN requires an official accredited high school or GED transcript; Dental Hygiene requires official college transcripts.)

High School Transcript _____ GED Transcript _____ College Transcript _____

Are you currently taking academic courses? Yes ____ No ____ (If yes, write the Sem/Yr column on the Application Degree Worksheet to show that you are currently taking a particular course.)

Indicate all previous college work here:

College: _____ Hrs. completed: _____ Degree:

College: _____ Hrs. completed: _____ Degree:

College: _____ Hrs. completed: _____ Degree:

College: _____ Hrs. completed: _____ Degree:

Indicate any health-related program you have attended:

School Name: _____ Address:

Dates of attendance: _____ Graduate? Yes____ No____ Graduation
Date: _____

Have you previously applied to a Blinn College Allied Health program? Yes____ No____ If
yes, give the

date(s) and program(s).

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

<u>Leaving</u>	<u>Employer</u>	<u>Phone</u>	<u>Date</u>	<u>Reason for</u>
1.	_____	_____	_____ to _____	
2.	_____	_____	_____ to _____	
3.	_____	_____	_____ to _____	
4.	_____	_____	_____ to _____	

CONTACT(S) IN CASE OF AN EMERGENCY:

1. Name: _____ Address:

Telephone: _____ Relationship:

2. Name: _____ Address:

Telephone: _____ Relationship:

SIGNATURE:

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

Signature: _____ Date:

BLINN COLLEGE EMS PROGRAMS

P.O. Box 6030
Bryan, Texas 77805-6030
Voice: (979) 209-7297
Fax: (979) 209-7524

**2003-2004
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
- Current EMS Certification

Front of Current EMS Certification Card	Back of Current Certification Card
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- Affidavit of Current EMS Course Enrollment if currently enrolled in EMT or EMT-Intermediate course. (If Applicable)
- Current CPT Healthcare Provider Certification or equivalent through Red Cross or Green Cross (1 & 2 rescuer adult, child and infant CPR)

Front of Current CPR Card	Back of Current CPR Card
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- Copies of Official College Transcripts
- Letters of Recommendation – 3. Each MUST be sealed and signed across the seal by the evaluator.
- Occupation Education Student Survey (For institutional use ONLY, this is NOT SCORED)

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.**

1. Negative TB test within past six months.
2. MMR (Measles, Mumps, Rubella) immunization. Two doses or proof of immunity.
3. Tetanus & Diphtheria within past 10 years.
4. Hepatitis B Vaccination must be started prior to clinical rotations beginning.

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

Signature: _____ Date: _____

Return this application & ALL REQUIRED enclosures by mail to:

*Paramedic Application
Blinn College EMS Programs
P.O. Box 6030
Bryan, Texas 77805-6030*

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

Please add any comment that might assist the department in making a judgment about the applicant's admission to the Paramedic Program.
You may continue on a second page.

Comments: _____

Signature: _____

Date: _____

Name and

Position: _____

Address: _____

RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be completed by the applicant:

Name(s): _____
last
first
middle
previous name

Social Security # _____ - _____ - _____ Date: _____

MANDATORY Statement:

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.

Signature: _____ **Date:** _____

To be completed by the recommender:

We appreciate your 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
Cooperativeness	1	2	3	4
Total:				

Recommendation based on applicant's ability to pursue Paramedic study (check one).

Strongly Recommend: **Recommend:** **Recommend with Reservation:** **Do not Recommend**

Please add any comment that might assist the department in making a judgment about the applicant's admission to the Paramedic Program.
You may continue on a second page.

Comments: _____

Signature: _____

Date: _____

Name and

Position: _____

Address: _____

RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be completed by the applicant:

Name(s): _____
last
first
middle
previous name

Social Security # _____ - _____ - _____ Date: _____

MANDATORY Statement:

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Signature: _____ **Date:** _____

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We appreciate your 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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Strongly Recommend: Recommend: Recommend with Reservation: Do not Recommend

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You may continue on a second page.

Comments: _____

Signature: _____

Date: _____

Name and

Position: _____

Address: _____
