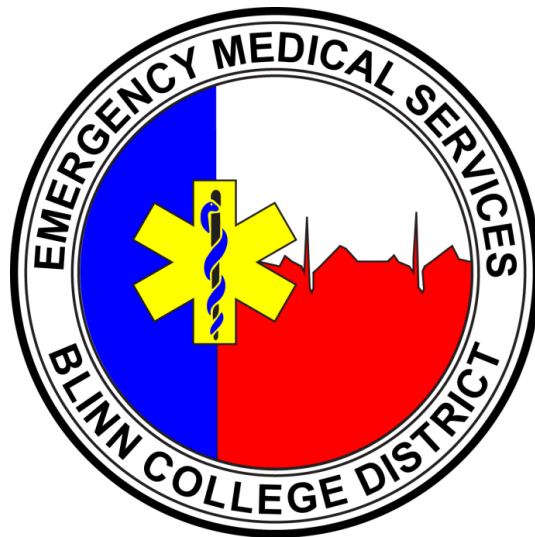


# Blinn College EMS Paramedic Program



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](http://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](mailto: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 will not 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 or 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](mailto:mally.hance@blinn.edu) by the person recommending you. If your file is too large, please zip the file to condense the size.*

**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, June 20, 2022, by noon**

Applicants will be notified via email to schedule an interview within two weeks of submitting their application.

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](http://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](http://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. MEET ALL PARAMEDIC PROGRAM REQUIREMENTS**

Prerequisites for entry into the Paramedic Program are as follows:

#### **❑ Meet TSI Compliance Standards**

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](http://www.blinn.edu/testing/tsi) for further information.

#### **❑ College Level Anatomy & Physiology - Two Options:**

1. **Complete Anatomy & Physiology prior to entry:** Successfully complete at least one semester of college-level human Anatomy & Physiology prior to acceptance in the Paramedic Academy. If you are taking A&P during the summer, your submitted transcript must reflect enrollment in the class. Either of the below classes will fulfill the A&P requirement:

- **BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.**  
You must complete both BIOL 2401 and BIOL 2402 to fulfill the certificate and/or degree requirements. Speak with an advisor for clarification and specific advice.
- **BIOL 2404 – Intro to Anatomy & Physiology.** This is designed for specific degree programs which includes the EMS Program. This fulfills the degree plan and certificate requirement for A&P but does not replace BIOL 2401 and/or BIOL 2402 for other programs. Speak with an advisor to get more specific advice.

2. **Co-Enroll in A&P:** You may co-enroll in college-level human Anatomy & Physiology, BIOL 2404 during either the fall, spring, or summer semesters during the Paramedic Program. You must achieve a grade of “C” or better in BIOL 2404 to receive a course completion and be eligible for the certificate or degree. Please note that students who do not have this requirement prior to applying will not receive points for A&P. The below class will fulfill the A&P requirement.

- **BIOL 2404 – Intro to Anatomy & Physiology.** This is designed for specific degree programs which includes the EMS Program. This fulfills the degree plan requirement for A&P but does not replace BIOL 2401 and/or BIOL 2402 for other programs. Speak with an advisor to get more specific advice.

## ❑ EMT Certification - Two Options:

1. Submit Current Certification: 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. Submit Proof of Eligibility to Test: 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](http://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

**Tuberculosis Skin Test:** (PPD-TB Test) or Chest X-Ray (required if skin test is positive) (test must be within 6 months of beginning the Paramedic Program)

**Tetanus, Diphtheria, Pertussis (TDAP) MANDATORY:** One TDAP Booster (within 10 years)

**Measles, Mumps, Rubella (MMR) MANDATORY:** Those born on or after January 1, 1957, must show proof of either

- Serologic test positive for measles antibody/ immunity or if necessary, without serologic evidence of immunity or prior vaccine
- Two doses of MMR Vaccine at least 4 weeks apart\*

**Varicella (Chicken Pox) MANDATORY:**

- Serologic test positive for varicella antibody/ immunity or, if necessary, without serologic evidence of immunity or prior vaccine \*\*Please submit a quantitative result (must have a number value with a reference range, not just immune/not immune)\*\*

**OR**

- Two doses of varicella at least 4 weeks apart

**Hepatitis B Immunity MANDATORY:** There is potential of exposure to Hepatitis B during clinical assignments. All students must have had the Hepatitis B series of vaccinations. The CDC recommends (and we require) serologic testing for all Health Science Students. Specifically, we require Hepatitis B surface antibody (anti-HBs) to document immunity. If the test comes back with a protective concentration of less than 10 MIU/ML, students need to be revaccinated with 3 doses (over 4-6 months). This is followed by another serologic test for immunity 1-2 months after the third dose is received.

- 3 vaccines (usually at intervals of 0, 1, and 6 months)

**and**

- Positive serologic test \*\*Please submit a quantitative result (must have a number value with a reference range, not just immune/not immune)\*\*

\*\*\*For negative immunity, you may still enroll as long as you have the documented first three vaccines, as well as proof you are starting the second round of 3 Hepatitis B vaccines.

**Influenza MANDATORY:** All students enrolled in the Paramedic Program should receive an annual vaccination against influenza. All students are required to have received one dose of influenza vaccine annually, either live inactivated injectable influenza vaccine IM or live attenuated influenza vaccine (LAIV) intranasal (ONLY for non-pregnant, healthy HCP aged 49 or younger).

**Meningococcal (Meningitis) Vaccine (MCV4) MANDATORY:** For all “new” students less than 22 years of age when the academic term begins. Vaccine must be administered at least 10 days prior to the start of the semester. All students must follow Blinn’s policy regarding the Bacterial Meningitis requirements. Go to [www.blinn.edu/immunizations](http://www.blinn.edu/immunizations) for all information.

## **Application Deadlines**

**The deadline to apply for the upcoming fall semester is  
Monday, June 20, 2022, by noon**

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](mailto: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.
- Recommendation letters
- Years of Active EMS Service
- A&P Grade
- Years of Military 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.

# PARAMEDIC PROGRAM APPLICATION CHECKLIST

(must be included with application)

Submit your application in the following order.

THIS PAGE SHOULD BE THE **FIRST PAGE PRIOR** to the program application.

- Completed Student Application
- EMS Background Questionnaire
- Copies of all official 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
- Three letters of recommendation with the accompanying evaluation form. Each letter **must** 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 into the Paramedic Program.

---

Printed Name

---

Signature

---

Date

**PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE**

**Blinn College  
Health Sciences Program  
Student Application**

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

**Select the program of your choice:**

<input type="radio"/> Associate Degree Nursing	<input type="radio"/> Licensed Vocational Nurse - Transition to ADN	<input type="radio"/> Bryan
<input type="radio"/> Vocational Nursing	<input type="radio"/> Physical Therapist	<input type="radio"/> Brenham
<input type="radio"/> Paramedic Academy	<input type="radio"/> Radiologic Technology	<input type="radio"/> Schulenburg
<input type="radio"/> Dental Hygiene		<input type="radio"/> RELLIS

APPLICANTS WILL BE REQUIRED TO COMPLETE DRUG SCREENS AND BACKGROUND CHECKS UPON ACCEPTANCE. SPECIFIC PROGRAM REQUIREMENTS CAN BE ACCESSED FROM EACH PROGRAM'S WEBSITE AT [www.blinn.edu/health-sciences](http://www.blinn.edu/health-sciences)

**Name:** \_\_\_\_\_  
                             Last                            First                            Middle                            Maiden Name                            Previous Name

**Mailing Address:** \_\_\_\_\_  
   Number                            Street                            City                            State                            Zip

**E-Mail:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_                      **Cell Phone:** ( ) \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
   Number                            Street                            City                            State                            Zip

**Blinn ID#:** \_\_\_\_\_

\*Your Blinn ID # will be sent to your Blinn email account once you have applied and been accepted to Blinn College

**HAVE YOU PREVIOUSLY APPLIED TO A BLINN COLLEGE HEALTH SCIENCE PROGRAM?**  
**If so, which program?** \_\_\_\_\_ **When?** \_\_\_\_\_

**PREVIOUS EDUCATION**

**Provide unofficial transcripts from every College/University you have attended with this application.**  
*It is your responsibility to provide Blinn College Admissions with an official transcript. You must also be a high school graduate or have obtained a GED to be admitted to any Health Sciences Program.*

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years/Hrs. Completed	Major & Degree
High School / GED				
College				



**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/or dismissal from the application process. 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 the Paramedic Program.

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

Name: \_\_\_\_\_

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

### **EMS Background Questionnaire**

1. What is your current EMS certification level?

2. How long have you been certified?

3. Are you currently employed for an agency utilizing your EMS certification?

Yes

No

If yes,

a. Which agency are you employed by?

b. How long have you been employed by the above agency?

4. Have you served in the military?

Yes

No

If yes: years of service: \_\_\_\_\_

5. Have you completed any volunteer hours?    Yes                      No

If yes, with which agency or organization? \_\_\_\_\_

# RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

## To be Completed by the Applicant:

NAME	Last	First	Middle
B-00-			
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

Applicant 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 applicant. If the seal is tampered with, the applicant will not receive credit for your evaluation.**

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

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

Please evaluate the applicant by circling the number that represents your 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
<b>Total Score:</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. Attach a separate letter in a sealed envelope with signature across the seal.

## RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

### To be Completed by the Applicant:

<hr/>			
<b>NAME</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<hr/>			
<b>Blinn College ID</b>		<b>Date</b>	

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

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<hr/>			
<b>NAME</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<hr/>			
B-00-			
<hr/>			
<b>Blinn College ID</b>		<b>Date</b>	

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

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- Do not waive

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