The Paramedic Program will begin every spring semester and will finish with an internship in the fall (January to December). 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.

**Please Note: A class of 10 students must be met for the spring program to take place.**

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 spring acceptance. A complete list of criteria to be considered for entry is enclosed within this packet.

9/08/2022
PLEASE NOTE: Partial or incomplete applications will not be considered for admission to the Spring 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. If the 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 spring semester is*

**Friday, October 21, 2022, by 12:noon**

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 for the Spring 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. **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 for further information.

   - **College Level Anatomy & Physiology - Options:**
     (Catalog Year 2022-2023 forward) BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.
     - Register for BIOL 2401, Anatomy & Physiology I during the fall semester and co-enroll for BIOL 2402, Anatomy & Physiology II during the spring semester.
     - Co-enroll in BIOL 2401, Anatomy & Physiology I during the spring semester. Co-enroll in college-level BIOL 2402, Anatomy & Physiology II during the summer session (if available) or take during the fall semester.

   You must complete both BIOL 2401 and BIOL 2402 to fulfill the certificate and/or degree requirements. This fulfills the degree plan and certificate 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. 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.

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

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

Influenza
- 1 vaccine within a year
  - 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
  o Must be a quantitative test
  o 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.
  o A positive result means that you have the correct number of antibodies in your system for the tested immunization.
  o 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 spring semester is **October 21, 2022, by 12:noon**

Applicants will be notified via email to schedule an interview within two weeks following the deadline. 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
- Recommendation letters  - Years of Military Service
- Years of Active EMS Service  - Years of Volunteer Service

Interview Process

Once all applications have been received and 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 SPRING 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
  o 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
NOTE: YOU MUST SUBMIT AN APPLICATION TO BLINN COLLEGE FOR CONSIDERATION FOR ANY OF THE HEALTH SCIENCES PROGRAMS.

Select the program you are applying for:

- [ ] Associate Degree Nursing
- [ ] Dental Hygiene
- [ ] Licensed Vocational Nurse – Transition to ADN
- [ ] Paramedic Academy (SPRING PROGRAM)
- [ ] Physical Therapist
- [ ] Radiologic Technology
- [ ] Vocational Nursing
- [ ] RELLIS
- [ ] Emergency Medical Services AAS Degree
- [ ] Paramedic Tech. Certificate – Level 2

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

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.

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Name of School</th>
<th>Location (Complete Mailing Address)</th>
<th>Number of Years/Hrs. Completed</th>
<th>Major &amp; Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School / GED</td>
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<td></td>
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</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### EMPLOYMENT
*(Begin with the most recent years or attach a resume.)*

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
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<td>From</td>
<td>To</td>
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<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td></td>
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<td>To</td>
</tr>
</tbody>
</table>

### MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ YES ☐ NO

### PLEASE LIST TWO CONTACTS IN CASE OF EMERGENCY

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone (Home)</th>
<th>Telephone (Cell)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### 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: ____________________________
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:

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<tr>
<th>Area of Evaluation</th>
<th>Superior</th>
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Total Score: _______________________

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.
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**Total Score:**

**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: _____________________________________________________

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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.
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B-00-                                           
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