

SOUTHWESTERN COLLEGE  
**PARAMEDIC PROGRAM**

APPLICATION PACKET for March 1 – May 18, 2018

GENERAL INFORMATION: Phone: 619-216-6760 (Karen: 8:30-4:00 [kcook@swccd.edu](mailto:kcook@swccd.edu) )

1. Be sure you have read "Information About the Paramedic Program" before completing the program application. This information (available in the Counseling Office and in the Paramedic Office, 4105A at Otay Mesa) will help you determine whether you are a qualified applicant. We also have a web site: <http://www.swccd.edu/paramedic> **Please note: some requirements may have changed.**
2. Read all information in the Application Packet carefully.
3. Be sure to follow instructions on the application procedure sheet. Keep the procedure sheet for reference.

*The goal of the Southwestern College Paramedic Program is to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.*

**PARAMEDIC PROGRAM APPLICATION PROCEDURES**

1. Program and College admissions are separate procedures. You must apply through the Paramedic Office for admission to the program. If accepted into the Paramedic Program, or if you wish to take general education courses for any reason, you must apply for College admission through the Admissions Office.
2. Qualified applicants are admitted based primarily on the Selection Process described on Page 3 (item #12.) and secondarily on when your application was complete if there is a tie in ranking. The date you take the pre-tests medical terminology and math quiz) does NOT affect the date your application is considered complete. (See separate test instructions sheet.)
3. **APPLICATIONS WILL NOT BE CONSIDERED UNTIL ALL REQUIRED MATERIALS ARE COMPILED AND SUBMITTED BY THE APPLICANT.** A checklist is provided in the Application Packet to assist the applicant in obtaining all necessary documents (Application check list items 1-12). Applicants will have an 11 week window to complete pre-tests (Items 10 & 13 on the application check list), ending May 18. Be sure to keep this "Application Procedure Sheet" and "Information About the EMT to Paramedic Program" for reference.
4. Make sure we have your current email address. If you don't have an email address please set one up. (All communication is conducted through email so check it often.)
5. If you have a change of name, address and/or phone number after submitting your application, please notify Karen Cook in writing (via email preferably), and if currently enrolled at SWC update your information in WebAdvisor. We are not responsible for information and materials sent to you if we have not received notice of the above changes. If we are unable to reach you, you may lose priority for space in the program.
6. Successful completion of an approved Paramedic Preparation class is required. Southwestern

College has a "Prep" class in the Fall, Spring & Summer semesters (EMTP 115). See website or college schedule of classes for more information. (Palomar's prep class is accepted; EMSTA's prep class is NOT accepted.)

7. Two (2) original letters of recommendation are required. Letters should be on company or agency letterhead. One must come from a higher level medical provider (paramedic, RN or MD) or supervisor. The other can be from a peer. If company or agency letterhead is not available or inappropriate, then the writer's name and contact info should be at the top of the letter in letter-head format. The letters must be signed and dated originals.
8. PRE-REQUISITE TESTING:

Two Southwestern College Placement Test scores (**or** transcripts with course work/college degree) are required of students applying for the Paramedic Program. Please check with the Assessment Office (619-482-6385) to schedule the reading and/or math assessment tests prior to submitting your application. The tests are given daily, and evening and Saturday testing might also be available. Results are often available the same day, or may be obtained about three days following the test in the Counseling Office. You will receive a computer print-out of your test scores to include with your application.

- a. Provide evidence of requisite **reading ability** by:
  - 1) achieving college level reading proficiency by taking reading assessment test; or
  - 2) earning a "C" or better in Reading 158 or equivalent course at another college; or
  - 3) transcript or copy of diploma indicating an earned associate or baccalaureate degree.
  - 4) transcript indicating a passing grade in a higher level literature class.
- b. Provide evidence of requisite **math ability** by:
  - 1) achieving college level math proficiency by taking Elementary Algebra Test (EAT); or
  - 2) earning a grade of "C" or better in Math 45 or higher numbered course
  - 3) transcript or copy of diploma indicating an earned associate or baccalaureate degree.
- c. Pre-Tests: A proficiency exam for basic math which includes the metric system, decimals and fractions will be administered to all applicants. The medical terminology test is designed to substitute for the Medical Terminology course. Applicants are required to pass the math and medical terminology exams with 80% proficiency. Testing occurs at the Academic Success Center for a period of two months during the application period. See separate test instructions sheet.
- d. EMT Knowledge Test (Item 14 on the application) We now use the Fisdap EMT test which will be taken in June, online. Details to follow in May. Cost will be \$24. **ALL** qualified applicants must take this test and pass with 70% or better.

9. RECORDS:

The applicant is required to compile all records in a 9" x 12" **file folder** (not an envelope). These are on sale individually in the Campus Bookstore or may be purchased at any office supply store. The required records are listed on the Application Checklist. The applicant is to check off each item on the checklist as it is placed in the folder. **NO APPLICATION WILL BE CONSIDERED UNTIL ALL RECORDS ARE COMPLETE!!** If you have previously applied to the Southwestern College Paramedic Program, check to see if records are still available in the Paramedic Program Office. If so, they can be activated with updated information and certification cards.

→ Copies of certs/cards should be combined on one page. They do not need to be copied separately.

10. TRANSCRIPTS:

Official (sealed) transcripts are required for any class or degree you are using to meet the qualifications (math, reading, A & P, medical terminology). Official transcripts cannot be submitted with your application (hand carried/issued to student). **They must be submitted by mail from the other college to:**

Southwestern College, Otay Mesa  
Attn: Paramedic Program  
8100 Gigantic St.  
San Diego CA 92154

11. LETTER FROM EMPLOYER

Applicants need to document EMT work experience equivalent to a year full-time with a letter from your employer(s) verifying a minimum of one (1) year full-time work experience as an EMT-B or AEMT in a pre-hospital setting, i.e., ambulance, or two (2) years as a firefighter or lifeguard emergency responder. Full-time means a minimum of ten (10) 24-hour shifts (2,880 hours), or 15 12-hour shifts per month (2,160 hours). Those working other shifts must have at least 2,100 hours.

Letters from employers should be on agency or company letterhead, and must be signed by someone with the authority to verify employment such as Payroll or Human Resources personnel. The letter should state your name, the dates of employment, your job title, whether you are employed full-time or part-time, and the approximate number of hours you work per shift and/or week or month. The letter does not need to include a recommendation or comments on your job performance.

12. PARAMEDIC PROGRAM SELECTION PROCESS (SCENARIO & INTERVIEW)

Once your application is complete and you've passed the written tests, selection into the paramedic training program will be determined based on an assessment of your cognitive, psychomotor and affective abilities. This will include:

1. A static patient care scenario based on NREMT (BLS) standards, using different cases to measure your ability to assess, treat and identify potential life-threats, while establishing a working differential diagnosis list. The student will verbally assess and discuss the patient scenario with the evaluators. (35%)
2. A BLS skill will be randomly selected using the NREMT (BLS) final skills scoring sheet. The applicant will be expected to properly identify the need for the skill, select the proper equipment and correctly and safely apply the skill to a simulated patient. (35%)
3. All applicants will be interviewed to assess their qualifications and to identify those applicants who have demonstrated a passion for success in EMS. We actively seek those applicants who have a history of being respectful, personable, are effective communicators, have exhibited leadership traits and consistently conduct themselves with integrity. (30%)

13. ICS 100, 200, 700, 800:

Submit a copy of the individual course completion record documenting successful completion of each of the courses with five (5) years of the start-date for the upcoming paramedic class. (Aug. 2013) The classes are free and can be completed online through the FEMA training website. Due by June 14.

14. GROUP INFORMATION/ORIENTATION SESSION:

An information/orientation meeting for accepted applicants and alternates will be held on **(T B A)**. The Program Director will be present to answer questions and clarify information about the Paramedic Program. Attendance is mandatory.

15. BACKGROUND CHECK:

At the end of the first semester of the program we will give you information on the background check that every student will be required to complete. Note: Clinical sites may exclude students and the State may refuse to license individuals who have been convicted of crimes and/or certain misdemeanors. If you have concerns about this, you may contact San Diego County EMS at 619-285-6429, or the EMSA's Enforcement Unit at 916-322-4336. (See EMS Authority's Licensure Denial Policy at <http://www.emsa.ca.gov/paramedic/faq.asp> )

SUGGESTIONS FOR PREPARING TO START PARAMEDIC SCHOOL:

- Make sure you know your EMT protocols and skills.
- Get as much ALS ambulance experience as possible.
- Take or audit an ACLS, PEPP/PALS and PHTLS class. Start learning about heart rhythms and EKG mega codes ahead of time.
- Develop good communication and people skills. Learn to interact with all age groups on an appropriate level. Develop good patient rapport.
- Develop leadership skills. Learn to delegate and give direction to others in a decisive, confident manner (without being too abrupt).
- Get your finances in order. You should not be working full time during paramedic school, so make sure you have enough money to see you through the year. Have some money in savings as a buffer in case you have unforeseen expenses (i.e. vehicle repairs).
- Paramedic school is a huge time commitment and can be hard on personal relationships. Make sure you are ready to commit the time, energy and money to the program.
- Be dedicated; have becoming a paramedic your #1 goal.

The Southwestern College Paramedic Training Program is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs  
1361 Park Street  
Clearwater, FL 33756  
727-210-2350 [www.caahep.org](http://www.caahep.org)

**\*\* Roger Haley Scholarship Available: [www.cvfirefighters.org](http://www.cvfirefighters.org) (annual deadline June 15) \*\***

# PARAMEDIC PROGRAM

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

Applicant's **LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**SWC ID #:** \_\_\_\_\_

## APPLICATION CHECKLIST

### DIRECTIONS FOR APPLICANT:

Fill in information requested in items 1 through 11 below. Check left column when item is completed and included with application. Bring all items checked, including this Checklist to the Paramedic Office, 4105A at Otay Mesa in a 9" x 12" file folder (not an envelope). Call 619-216-6760 for assistance if you cannot come between 8:30 and 4:00.

In Folder Completed

PLEASE PRINT

1. Application Form

\_\_\_ 2. VERIFICATION OF HIGH SCHOOL GRADUATION OR EQUIVALENT

a. Official high school transcript showing graduation, or copy of diploma.

Name of School

City & State

Name Enrolled

-or-

b. GED – passing score OR other proof of high school equivalency or graduation:

\_\_\_ 3. Copy of current California & County EMT-1 Certificates.

\_\_\_ 4. Current CPR card (BLS-C/Health Care Provider level)

\_\_\_ 5. Reference letter from employer (on letterhead, signed) verifying minimum one (1) year pre-hospital work experience as an EMT-1, or two (2) years as a firefighter or lifeguard.

Agency:

\_\_\_ 6. Two letters of recommendation: Peer and higher level EMS or medical personnel.

1.

2.

\_\_\_ 7. A) Ambulance Driver's License expiration date (if applicable)

B) Medical Examiners Cert (or equivalent) - expiration date \_\_\_\_\_ (required)

-over-

- \_\_\_ 8. Provide evidence of requisite reading ability by: \*
- a. achieving proficiency; **-or-**
  - b. earning a "C" or better in Reading 158 **-or-**
  - c. transcript verifying an earned associate or baccalaureate degree or passing grade on higher level literature course.
- \_\_\_ 9. Provide evidence of requisite math ability by: \*
- a. achieving proficiency on the Elementary Algebra Test (EAT) ; **-or-**
  - b. earning a "C" or better in Math 45 or higher numbered math course
  - c. transcript indicating an earned associate or baccalaureate degree.
- \_\_\_ 10. Medical Terminology requirement: (SWC offers MEDOP 230)
- a. Official transcript verifying completion of 2-3 unit college level course in Medical Terminology with a grade of "C" or better; **-or-**
  - b. Enrollment verification showing current enrollment in 2-3 unit college level course in Medical Terminology; **-or-**
  - c. Challenge test for Medical Terminology (50 questions, 80% correct) *The date this test is taken does NOT affect date of completion, and can be taken after the application is turned in.*
- \_\_\_ 11. Anatomy/Physiology requirement: \* (SWC offers Biol 190)
- a. Official transcript verifying completion of 3-4 unit college level anatomy/physiology course with a grade of "C" or better; **-or-**
  - b. Enrollment verification showing current enrollment in 3-4 unit college level course in anatomy/physiology.
- \_\_\_ 12. Successful completion of approved Paramedic Prep Class (such as EMTP 115, EME 175/175L) or proof of enrollment.

*Official transcripts must be sent from the issuing college directly to:*  
 SWC Higher Ed Center, Otay Mesa  
 Attn: Paramedic Program  
 8100 Gigantic St.  
 San Diego CA 92154

\* Priority will not be given until transcripts, enrollment verification or assessment tests for items 8 & 9 have been received.

Tests: (Written tests are taken at the Academic Success Center, on the Chula Vista campus March 12 – May 18

- \_\_\_ 13. Math pre-test with passing score. (15 problems, 80% correct)
- \_\_\_ 14. Online FISDAP Paramedic Entrance Exam (EMT knowledge) test with passing score. (At least 70% correct) Cost: \$24
- \_\_\_ 15. Optional Anatomy & Physiology course challenge test with passing score. (50 questions, 80% correct) (This is a one time opportunity. If you do not pass, you must take the course.)
- \_\_\_ 16. EMT skills, scenario and interview with qualifying score. Administered by appointment in June after passing other tests. (One time per year – no retakes.)
- \_\_\_ 17. ICS 100, 200, 700, 800 certifications (due by June 14)

PLEASE READ AND SIGN:

The information submitted in this application packet is complete and accurate. I understand that falsification of any information on this application may be cause for non-selection or dismissal from the Paramedic Program.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

# SOUTHWESTERN COLLEGE PARAMEDIC PROGRAM

GENERAL INFORMATION: \* *Email is our primary mode of communication & notification of test results.*

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

Address: \_\_\_\_\_

| No. & Street | City | State | Zip Code |
|--------------|------|-------|----------|
|--------------|------|-------|----------|

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

Email Address: \* \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place Of Employment: \_\_\_\_\_

Work Hours/Days: \_\_\_\_\_ Kelly Shift: \_\_\_\_\_

State / County EMT-1 Certification(#s): \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Ambulance Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Medical Examiner's Certification Exp. Date \_\_\_\_\_

|                                                                                                                                                      |  |                        |  |                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|-------------------|--|
| You are requested to identify yourself in one of the following groups:<br>(This information is confidential and used for statistical purposes only.) |  |                        |  |                   |  |
| Hispanic, Mexican                                                                                                                                    |  | Asian/Pacific Islander |  | Other-Specify:    |  |
| White, Non- Hispanic                                                                                                                                 |  | American Indian        |  |                   |  |
| Black, Non-Hispanic                                                                                                                                  |  | Filipino               |  | Declined to State |  |

## PREVIOUS EMPLOYMENT HISTORY

| EMT-B Work Experience<br>AGENCY | TYPE OF UNIT | POSITION | YEARS |    |
|---------------------------------|--------------|----------|-------|----|
|                                 |              |          | FROM  | TO |
|                                 |              |          |       |    |
|                                 |              |          |       |    |
|                                 |              |          |       |    |
|                                 |              |          |       |    |
| <b>Other related Work Exp:</b>  |              |          |       |    |
|                                 |              |          |       |    |
|                                 |              |          |       |    |
|                                 |              |          |       |    |