SOUTHWESTERN COLLEGE PARAMEDIC PROGRAM

APPLICATION PACKET for March 1 – May 9, 2013

GENERAL INFORMATION: Phone: 619-216-6760 (Karen: 8:30-4:00 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 changed last year.
- 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 will be accepted on a "first come, first serve" basis, therefore, the earlier you submit your <u>completed</u> application the higher your position on the acceptance/priority list. The date you take the pre-tests (EMT, medical terminology and math quiz) does NOT affect your date of completion.
- 3. Completion of the application procedure includes providing all requested documents and is the applicant's responsibility. Be sure to keep this "Application Procedure Sheet" and "Information About the EMT to Paramedic Program" for reference.
- 4. 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
- 5. 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.)
- 6. Accepted applicants will be required to attend an orientation meeting for information regarding the program and enrollment procedures. (Date: TBA, July)
- 7. 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.

- 8. Successful completion of an approved Paramedic Preparation class is now <u>required</u>. 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.)
- 9. Two (2) letters of recommendation are now <u>required</u> (effective March 2013). Letters should be on company or agency letterhead and come from higher level medical providers (paramedics, RN or MD's).

10. 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 Algebra Readiness test; 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, and written and practical EMT I tests will be administered to <u>all applicants</u>. The medical terminology test is designed to substitute for the Medical Terminology course. Applicants are required to pass the EMT, math and medical terminology exams with 80% proficiency.

11. RECORDS:

The applicant is required to compile all records in a 9" x 12" **file folder** (<u>not</u> 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.

12. 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 can no longer be submitted with your application (hand carried/issued to student). They must be submitted by mail to:

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

13. LETTER FROM EMPLOYER

Applicants need to document EMT work experience equivalent to a year full-time with a letter from your employer verifying a minimum of one (1) year full-time work experience as an EMT-B or AEMT in a <u>prehospital</u> 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.

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 an ACLS class. Start learning about heart rhythms, EKG's, mega codes and cardiology.
- Develop good communication and people skills. Learn to interact with all age groups on an appropriate level. (Don't call everyone "dude"; don't over use "like" and "you know") 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) 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 <u>www.caahep.org</u>

PARAMEDIC PROGRAM

| Date: | | | Applicant's LAST NAME: | | | | | |
|----------------|---------------|----------------------------|--|--|--|--|--|--|
| | | FIRST NAME: | | | | | | |
| APPL | <u>ICA</u> | TION CHECKLIST | SWC ID #: | | | | | |
| DIRE | CTIC | ONS FOR APPLICANT: | | | | | | |
| includ Otay | ded w Mesa | rith application. Bring al | ns 1 through 11 below. Check left co l items checked, including this Check (not an envelope). Call 619-216-676 | klist to the Paramedic Office, 4105A at | | | | |
| In Fo | lder C | Completed <u>PI</u> | LEASE PRINT | | | | | |
| | 5. | Application Form | | | | | | |
| | 2. | | IIGH SCHOOL GRADUATION OR transcript showing graduation, or cop <u>City & State</u> | ~ | | | | |
| -or- | | b. GED – passing score | e OR other proof of high school equiv | valency or graduation: | | | | |
| | 3. | Copy of current Califor | rnia & County EMT-1 Certificates. | | | | | |
| | 4. | Current CPR card (BLS | S-C/Health Care Provider level) | | | | | |
| | 5. | | mployer (on letterhead, signed) verify EMT-1, or two (2) years as a firefight | ying minimum one (1) year pre-hospitater or lifeguard. | | | | |
| | | Agency: | | | | | | |
| | 6. | Two letters of recomm | endation from higher level medical p | ersonnel. | | | | |
| | 7 | Ambulance Driver's Li | cense (if applicable) / Medical Exami | iners Cert (required) | | | | |

| 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. | 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 |
|-----------|--|---|
| 9. | Provide evidence of requisite math ability by: * a. achieving proficiency on the Algebra Readiness test; -or- b. earning a "C" or better in Math 45 or higher numbered math cou 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 leve with a grade of "C" or better; -or- b. Enrollment verification showing current enrollment in 2-3 unit Terminology; -or- c. Challenge test for Medical Terminology (50 questions, 80% condoes NOT affect date of completion, and can be taken after the | college level course in Medical orrect) The date this test is taken |
| 11. | Anatomy/Physiology requirement: * (SWC offers Biol 190) a. Official transcript verifying completion of 3-4 unit college leve a grade of "C" or better; -or- b. Enrollment verification showing current enrollment in 3-4 unit anatomy/physiology. | |
| 12. | Successful completion of approved Paramedic Prep Class (such as proof of enrollment. | EMTP 115, EME 175/175L) or |
| * Prio | ority will not be given until transcripts, enrollment verification or as | sessment tests have been received. |
| Tests: (W | ritten tests are taken at the Academic Success Center, on the Chula | Vista campus) |
| 13. | Math pre-test with passing score. (15 problems, 80% correct) | |
| 14. | EMT knowledge test with passing score. (100 questions, 80% cor | rect) |
| 15. | Optional Anatomy & Physiology course challenge test with passin correct) (This is a one time opportunity. If you do not pass, you n | - · · · · · · · · · · · · · · · · · · · |
| 16. | EMT skills scenario with passing score (required for all qualified a appointment in June after passing other tests. (One time per year | • |
| PLEASE F | READ AND SIGN: | |
| | nation submitted in this application packet is complete and accurate. | |
| SIGNED: | DATE: | |

SOUTHWESTERN COLLEGE **PARAMEDIC PROGRAM**

| Email Address: * Place Of Work Phone: Place Of Work Hours/Days: State / County EMT-1 Certification(#s): | Soc | Em c Sec #: _ : Kell Expi | ergency:_ ly Shift: _ | | | _ |
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| Cell: Home: Email Address: * Work Phone: Place Of Work Hours/Days: State / County EMT-1 Certification(#s): | Soc | Em c Sec #: _ : Kell Expi | ergency:_ ly Shift: _ | | | _ |
| Email Address: * Place Of Work Phone: Place Of Work Hours/Days: State / County EMT-1 Certification(#s): | Employment: | : Sec #: : Kell Expi | ly Shift: _ ration Da | | | _ |
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| State / County EMT-1 Certification(#s): Ambulance Driver's License # | Expi | | | ite: | | |
| Ambulance Driver's License # | | ration D | ate: | | | |
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| Medical Examiner's Certification Exp. Date | | | | | | |
| You are requested to identify yourself in one of the for (This information is confidential and used for statistic | | • | | | | |
| Hispanic, Mexican Asian/Pacific | Asian/Pacific Islander | | Other-Specify: | | | |
| White, Non- Hispanic American Ind | lian | | | | | |
| Black, Non-Hispanic Filipino | | Declined to State | | | | |
| PREVIOUS EMPLO | OYMENT ! | HISTO | RY | | | |
| EMT-1 Work Experience AGENCY TYPE OF UNIT | F | POSITION | | YEARS FROM TO | | |
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| Other related Work Exp: | | | | | | |
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