

SOUTHWESTERN COLLEGE
PARAMEDIC PROGRAM

APPLICATION PACKET for February 1, 2021 – June 1, 2021

GENERAL INFORMATION: Phone: 619-216-6760 (8:30-4:00) SWCFireEMS@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: <https://www.swccd.edu/programs-and-academics/career-education/public-safety-and-services/paramedic/index.aspx>

Please note: some requirements 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 Paramedics in cognitive (knowledge), Psychomotor (skills), and effective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and Emergency Medical Responder levels.

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. <https://www.swccd.edu/locations/higher-education-center-at-otay-mesa/index.aspx>
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 FISDAP Paramedic Entrance Exam does NOT affect the date your application is considered complete.
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). 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 us in writing at swcfireems@swccd.edu, 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.
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 letterhead format. **The letters must be signed and dated originals.**
8. PRE-REQUISITE TESTING:

We use the FISDAP Paramedic Entrance Exam to measure EMT knowledge, reading, and math. It will be taken in May, online, at no cost to the applicant. Details to follow once your application is complete. ALL qualified applicants must take this test and pass with 70% or better.

9. RECORDS:

The applicant is required to compile all records. 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 applications 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:**

SWC Higher Ed. Center, 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 6 months full-time with a letter from your employer(s) verifying work as an EMT-B or AEMT. Full-time means a minimum of ten (10) 24-hour shifts per month, or 14 12-hour shifts per month. Those working other shifts must have at least 1,000 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 test, selection into the paramedic education 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.
2. 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.

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. The classes are free and can be completed online through the FEMA training website. Due by August 1st.

14. GROUP INFORMATION/ORIENTATION SESSION:

An information/orientation meeting for accepted applicants and alternates will be held on **July 9, 2021 at 0930** at the Southwestern College Higher Education Center at Otay Mesa, Room 4409. The program director, faculty, and student support services will be present to answer questions and clarify information about the Paramedic Program. Attendance is mandatory.

15. BACKGROUND CHECK:

Every student will be required to complete a background check. Note: Clinical sites may exclude students and the State may refuse to license individuals who have been convicted of a crime. 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.
- Start reading the Anatomy and Physiology and the Pathophysiology chapters of the paramedic text book.
- 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; in this next year becoming a paramedic will have to be 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).

25400 US Highway 19 North Suite 158
Clearwater, FL 33756
Phone: (727) 210-2350
Fax: (727) 210-2354
Email: mail@caahep.org
www.caahep.org

**** Roger Haley Scholarship Available: 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 the SWC Higher Education Center 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 (AHA Health Care Provider level)

___ 5. Reference letter from employer (on letterhead, signed) verifying minimum 6 months work experience as a licensed EMT-B.

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) Copy of CA Driver's License, gov't photo ID or passport

C) Medical Examiners Cert (or equivalent) - expiration date _____ (required)

-over-

- ___ 8. 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.

*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. Successful completion of approved Paramedic Prep Class (such as EMTP 115, EME 175/175L) or proof of enrollment.

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

Tests:

- ___ 10. Online Fisdap Paramedic Entrance Exam (EMT knowledge) test with passing score. (At least 70% correct)
- ___ 11. EMT skills, scenario and interview with qualifying score. Administered by appointment in May after passing other tests. (One time per year – no retakes.)
- ___ 12. ICS 100, 200, 700, 800 certifications (due by August 1st)

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 Phone: _____

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 _____

Emergency Contact Number: _____ Relationship: _____

PREVIOUS EMPLOYMENT HISTORY

EMT-B Work Experience AGENCY	TYPE OF UNIT	POSITION	YEARS	
			FROM	TO
Other related Work Exp:				