

**CRAFTON HILLS COLLEGE
PARAMEDIC PROGRAM
Spring 2017 Application**

To: Prospective Paramedic Student

FROM: Dan Word MSHS, EMT-P
Director Paramedic Education

SUBJECT: Spring 2017 Paramedic Program (Class 88)

Thank you for your interest in the Crafton Hills College Paramedic Program. Crafton Hills College has the longest continuous accreditation of any public institution in California. Crafton Hills College received its initial accreditation in 1985 at which time the accreditation committee awarded a full five year accreditation. Crafton Hills has maintained its excellent record, receiving full accreditation in every accreditation cycle since 1985.

This application is for the spring 2017 paramedic program. The program will run from January 2017 until December 2017. The program is divided into three distinct sessions of didactic, clinical, and field. The didactic session will meet Tuesday, Wednesday, and Thursday, January 2017 through June 2017. The clinical component will run June 2017 through August 2017. The field will be from August 2017 through December 2017.

The entrance process has three specific steps: application, testing, and selection. To be granted a testing position each candidate must correctly complete the application form and submit all required documentation. **The EMS Department will accept applications until 4:00 p.m. on Friday, September 2nd, 2016.** The department will not accept FAX or electronic delivery of the application materials.

Following the accepted application, candidates will schedule their written tests. **The written tests will be given September 27th, 28th, 29th and 30th, 2016.** Each of these tests is by individual appointment. The written testing will consist of EMT-Basic, and anatomy/physiology. Following successful completion of the written testing process each candidate will be given an appointment for the oral judgment component of the entrance testing process. **The oral judgment process will be on Friday, November 4th, 2016.** There will also be two optional reviews for the oral judgment process on Tuesday, October 18th and Friday, October 21st. The final selection of the spring 2017 paramedic program will be Friday, November 18th, 2016. If more candidates successfully complete the process than there are available program positions, the positions will be selected by our established selection process. Read the attached pages carefully and if you have any questions, please contact me at dword@craftonhills.edu .

ENTRANCE REQUIREMENTS

1. A current California EMT-Basic card issued by a County EMS Agency, the State of California or the California Fire Marshal's Office.
2. Current CPR certification card
3. Written documentation, on original company or agency letterhead, of completion of six months full-time or 1,000 hours of part-time experience **as an EMT-Basic**, paid or volunteer, prior to the application deadline. This documentation will usually come from your employer(s) or previous employer(s), and should be **signed** by an operations supervisor or manager, training officer, fire captain or fire chief.
4. A copy of a high school diploma or GED. If you do not have a copy of your diploma, an official transcript showing your graduation date from high school will be accepted.
5. **Official, sealed** transcripts showing successful completion of transferable Anatomy and Physiology course(s). The course must meet transfer requirements for either the CSU or UC system. It can be a single semester or two-semester course, but **must cover BOTH the anatomy and physiology of the entire human body and *MUST INCLUDE A LAB SECTION***. If you are enrolled in an A & P course at the time you submit your application, we will accept a registration print-out or unofficial transcripts as proof of enrollment; however, you must submit official transcripts showing successful completion of the A & P course with a "C" or better **prior to** the start of the program.
5. Completion of the Pre-Entrance Medical Clearance Form within the last six months. This form must be completed and signed by a physician.
6. If you have any questions regarding medical testing / records, please contact Dan Word (909) 389-3570 or the EMS Department Secretary at (909) 389-3252.
7. All vaccinations on the attached sheet of **Vaccination Requirements** must be completed. **Strictly follow the timelines**. Your vaccinations will **NOT** be acceptable to our clinical providers if they do not match the required timelines.

***Vaccination Requirements**

TB, MMR, VARICELLA, HEP B, TETANUS

2 STEP TB SKIN TEST (PPD)

- Must be current within last 6 months and kept current while enrolled.
- Positive PPD, or history of TB, requires written chest x-ray clearance from MD within last 12 months.

MMR – Measles, Mumps, Rubella

- Must show proof of two MMR immunizations
- Positive titers for all three (MMR)
- **If both TB Skin Test and MMR are needed**, MMR must be administered with the second TB skin test reading.

Varicella Series (VZV)

- Positive titer or immunization

TDaP – tetanus, diphtheria, pertussis

- A tetanus booster within the last year, OR
- If you have not received a tetanus booster within the last two years, you **MUST** get aTDaP (tetanus, diphtheria, & pertussis) vaccination.

Hepatitis B Series & Titer

- **NO** waivers or declinations will be accepted!
- Must have proof of all three shots in the series **AND** HBV titer results

Seasonal Flu

- Must be current each year.
- You **must** have this prior to clinical rotations.

***Requirements are subject to change based on clinical sites.**



PARAMEDIC PROGRAM
PRE-ENTRANCE MEDICAL CLEARANCE FORM

APPLICANT: _____
Last First Middle

Reason for Referral:

This evaluation is required for entrance and participation in the Crafton Hills College Paramedic Program. The Paramedic Program requires that students be able to complete the required physical activities, which are listed below with no restrictions:

- | | |
|------------------------------|------------------------------------|
| Good physical stamina | Endurance |
| Strength | Standing |
| Walking | Sitting |
| Lifting | Carrying |
| Pushing | Pulling |
| Climbing | Balancing |
| Stooping | Kneeling |
| Crouching | Crawling |
| Reaching | Rotational Movement |
| Repetitive Movement | Eye-Hand- Foot Coordination |

Must be able to sit for extended periods of time, up to 8 hours per day, 4 days a week in the classroom environment; stand for up to 16 hours in the clinical environment and sit for 24 to 72 hours in the field environment.

Must be able to work 24 hours to 72 hour continuous shifts

Motor coordination is necessary for the well- being of the patient, the Emergency Medical Technician and co-workers over uneven terrain

Must be able to safely carrier patient while balancing equipment, negotiating stairs and uneven terrain

My signature below indicates the above named individual is free to participate in the Paramedic Program without restrictions. **(Form must have a stamp from physician's office)**

Physician Signature _____ Phone _____

Physician Name _____ Date _____

Agency _____

PROGRAM TESTING REQUIREMENTS

1. Successful completion of the written EMT-Basic competency exam with a score of 80% or higher.
2. Successful completion of the written Anatomy & Physiology competency exam with a score of 80% or higher.
3. An oral judgment score of 80% or higher.

HELPFUL HINTS FROM PAST APPLICATION PROCESSES

1. Submit all information together in one packet. Before submitting, double check that all information requested has been included.
2. Follow the sequence specified.
3. The EMT-Basic certification is the card issued by the county or state. (**Not** the paper course completion certificate.)
4. **You must have completed your experience prior to submitting your application.**
5. All certifications and vaccinations must be kept current throughout the program.
6. You **must** provide titer results for all vaccinations. Do not wait until the last minute for vaccinations. (Ex. it takes 3 office visits to complete the two-step Tuberculin test.)
7. Study the EMT-Basic and A & P study guides.
8. No one receives preferential treatment.
9. Call and ask for help if you need it. We will be more than happy to review your application prior to submission to verify that it is complete.

THIS IS THE COVER SHEET OF YOUR APPLICATION

RETURN TO: Dan Word
Crafton Hills College EMS Department
11711 Sand Canyon Road
Yucaipa, CA 92399

Important: Mail does NOT come directly to this office even if sent by FEDEX, so be sure to allow sufficient delivery time if sending your application by mail. Any application not received in THIS office by the deadline will not be considered.

PLEASE PRINT THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

EMAIL: _____

The following list of requirements constitutes a complete application. Your application must include the following documents in the sequence specified:

- Completed cover sheet (this page) as page 1
- Copy of your EMT-Basic Card (issued by the county) as page 2
- Copy of AHA CPR Card as page 3
- Original letter of experience (on original agency letterhead, signed by an Operations Manager/Officer) as page 4
- Copy of your high school diploma or GED as page 5
- Copy of your Two-Step Tuberculin test results (given within last 6 months) as page 6
- Copy of your proof of vaccination against HBV (3 shots) **AND** TITER results as page 7
- Copy of your MMR (Measles, Mumps, Rubella) TITER results as page 8
- Copy of your varicella (VZV) TITER results as page 9
- Copy of your current TDap or proof of tetanus booster (within last 2 years) vaccination as page 10
- Copy of Seasonal flu vaccination (within past year) as page 11
- Copy of your completed Pre-Entrance Medical Clearance Form as page 12
- Attach Official, Sealed Transcripts of your transferable Anatomy & Physiology courses (may use unofficial transcripts until completion of class) as page 13

For Office Use Only Date of submission _____

Class # _____ Received by (initials) _____