

**CRAFTON HILLS COLLEGE  
PARAMEDIC PROGRAM  
Spring 2025 Application  
Online Submission**

To: Prospective Paramedic Student

FROM: Amanda Ward, MA Ed, EMT-P  
Associate Dean of Public Safety

SUBJECT: Spring 2025 Paramedic Program (Class 110)

Thank you for your interest in the Crafton Hills College EMT-Paramedic Program. Crafton Hills College Paramedic Program has the longest continuous accreditation of any public institution in California. The program 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 and continuous accreditation.

This application is for the Spring 2026 paramedic program, which will run from January 2026 to December 2026. It is divided into three distinct sessions of didactic, clinical, and field. The didactic (classroom) component is instructed from January 2026 through May 2026. The clinical component will run from June 2026 through September 2026. The field will be from October 2026 through December 2026.

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. **Applications will be accepted until October 31st, 2025.** **For instructions on how to submit the application, please contact Marisa Ward via email ([MWard@CraftonHills.edu](mailto:MWard@CraftonHills.edu))** The department will not accept FAX or hand delivery of the application materials. Any materials received after 4:00pm October 31st will not be considered.

Following the accepted application, candidates will be contacted to schedule their written tests. **The written tests will be administered November 17th, 18th, and 19th, 2025.** 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 invited to participate in the program. If more candidates successfully complete the process than there are available program positions, the positions will be selected based upon highest average scores on the written exams. Read the attached pages carefully and if you have any questions, please contact the program assistant at [MWard@craftonhills.edu](mailto:MWard@craftonhills.edu).

Crafton Hills College has the longest continuous accreditation of any public institution in California. Crafton Hills College received its initial accreditation in 1985 and has maintained its excellent reputation and continuous accreditation. The Crafton Hills Paramedic 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

9355 - 113th St. N, #7709

Seminole, FL 33775

727-210-2350

[www.caahep.org](http://www.caahep.org)

To contact the CoAEMSP:

8301 Lakeview Parkway, Suite 111-312

Rowlett, TX 75088

214-703-8445

Fax: 214-703-8992

[www.coaemsp.org](http://www.coaemsp.org)

## ENTRANCE REQUIREMENTS

1. A current California EMT-Basic card issued by the State of California
2. Current BLS Healthcare Provider card from American Heart Association
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. 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**. 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 and include a stamp from a physician's office.
6. 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.
7. If you have any questions regarding medical testing / records, please contact Marisa Ward via email (MWard@craftonhills.edu).

## **\*Vaccination Requirements**

### **MMR – Measles, Mumps, Rubella**

- Must show proof of (2) MMR immunizations **or** Positive titers for all three (MMR) (Quantitative titer)

### **Varicella Series (VZV)**

- Must show proof of (2) immunizations **or** Positive titer (Quantitative titer)

### **TDaP – tetanus, diphtheria, pertussis**

- Must be within the last 10 years

### **Hepatitis B Series**

- Must have proof of all (3) shots in the series **or** Positive titer (Quantitative titer)

### **Covid 19 Vaccine/Series**

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



Your Future is on the Rise

**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 hour 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 carry 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 be stamped by 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.

## 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 state. (Not the paper course completion certificate.)
4. **You must have completed your experience prior to submitting your application.**
5. You **must** get Quantitative titer results **or** vaccinations **before** you enter the program. Do not wait until the last minute for vaccinations.
6. All certifications and vaccinations must be kept current throughout the program.
7. Study the EMT-Basic and A & P study guides that are posted on the website.
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.

## APPLICATION COVER SHEET

**RETURN TO:** CHC Paramedic Program  
Canvas Portal

**Important:** Any applications not received via the online submission portal by the posted due date/time will not be considered.

### PLEASE ENTER THE FOLLOWING INFORMATION:

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

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Program you are applying for (spring or fall):** \_\_\_\_\_

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

- Completed cover sheet and Resume
- Copy of your EMT-Basic Card (state)
- Copy of BLS Healthcare Provider Card from American Heart Association
- Official, Sealed Transcripts of your transferable Anatomy & Physiology course (*Unofficial transcripts and "in-progress" courses acceptable until admitted to the program*)
- Original letter of experience (on original agency letterhead, signed by an Operations Supervisor/Manager, Training Officer, Fire Captain or Fire Chief)
- Copy of your high school diploma or GED
- Copy of your proof of **(3)** vaccinations against Hepatitis B **or** Positive TITER results
- Copy of your proof of **(2)** vaccinations against MMR (Measles, Mumps, Rubella) (2 shots) **or** Positive TITER results
- Copy of your proof of **(2)** vaccinations against Varicella (VZV) **or** Positive TITER results
- Copy of your vaccination of TDap (given within the last 10 years)
- Completed Pre-Entrance Medical Clearance Form stamped by Physicians office