

PARAMEDIC
PROGRAM
ENROLLMENT
PACKET

FALL 2018-2019 PROGRAM



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Paramedic Application Checklist

Items to be submitted with your application:

- ❑ **Statement of Background and Goals:** Applicants must submit a statement of background and goals, typed or legibly written, including: 1) Why are you considering the paramedic program? 2) What are the logical steps in your education and career? 3) What region (not specific company) would you like to practice in as a paramedic after training is completed? *DO NOT include a resume or curriculum vitae as a substitute or addendum to this statement or any portion of the application materials.*
- ❑ **Letters of recommendation:** Three letters of recommendation ARE REQUIRED. The letters need to be from individuals such as Physicians, Mid-level care providers, RN's, Paramedics, College Instructors, etc. who are familiar with the applicant's medical experience, skills, college work, study habits, and/or work performance.
- ❑ **Copies:** Provide a copy of your driver's license, EMT, and CPR certifications

Once accepted, you must provide documentation of the following:

- ❑ Be at least 18 years old with a valid driver's license.
- ❑ Be able to comply with criminal background check and drug screen requirements for certification as a paramedic in the state of West Virginia.
- ❑ Have current vaccinations, including Hepatitis B, MMR, TDap, and TB test results.
- ❑ Obtain a current physical examination with permission to participate in the paramedic program signed by the health care provider.

Pre-Requisites to be completed before classes begin:

- ❑ MUST meet the eligibility to enroll in Math 101 and English 101
- ❑ **You must be certified as an EMT-Basic and have a current CPR certification. Your EMT certification cannot expire while in the program. You are solely responsible for maintaining EMT certification throughout the program.**
- ❑ Take the paramedic course written entry examination, and interview.

Please Note: After your application is submitted, applicants will be contacted by phone to schedule oral interview and written entry examination date/time. The written exam is a 100 question evaluation of the applicant's medical knowledge, EMT skills, problem solving ability, medical terminology, anatomy and physiology, and priority based problem solving. The maximum allotted time to complete this test is three hours. Test results will be added to the oral interview scores for an overall score and ranking entry.

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- Applicants MUST be admitted to New River CTC prior to applying to the Paramedic Program.
 - Applicants are solely responsible for completing and/or including all required items on the paramedic applications. Omissions, misstatements, or falsifications will affect the applicant being reviewed or considered. The Emergency Services Department will not contact an applicant regarding missing data. Applicants are responsible for keeping the program informed of address changes and/or phone number changes.
 - Admission to the New River Community and Technical College's Paramedic program is selective and competitive. Priority is given to qualified applicants currently enrolled in the Emergency Services department's degree program and to individuals who are sponsored by paramedic provider agencies, public safety departments, and police departments. Other applicants may apply and will be considered based on their qualifications and the availability of slots.

Complete Enrollment Information Guide

Admission to the Paramedic Program requires the following:

- complete the admissions process as outlined in the College catalog, or found online at www.newriver.edu, or;
- be a current student of New River CTC in good standing;
- successfully complete the paramedic course written entry examination;
- provide all required documentation;
- all applications and supporting documentation including, but not limited to: certificates, statement of background and goals, letters of recommendation, and paramedic course written entry examination results, which will be reviewed and approved by the Admissions Committee. Applicants must be willing to participate in an entrance interview with Admission Committee members;
- Prior learning will not be considered in order to allow a student to “place out” of specified program didactic, laboratory, clinical, or field requirements. An example of this type of applicant would be: physicians, registered nurses, physician assistants, etc. that are wishing to seek enrollment eligibility.
- must meet eligibility requirements for MATH 101; and,
- must meet eligibility requirements for ENGL 101.

Documentation Required to Enroll in the Paramedic Program includes the following:

- completed enrollment paperwork for New River CTC’s Admissions Office, in addition to the Departmental – Paramedic Program Application found within this information packet;
- high School Diploma/GED or equivalent;
- current BLS HCP CPR card;
- current EMT Certification (WV or NREMT); and,
- three letters of recommendation.

Documentation Required Prior to Clinical Rotations:**

- pass a background/criminal check (as outlined in Form A);
- pass a drug screening (as outlined in Form A);
- pass a physical exam (as outlined in Form A);
- provide documentation of the following immunizations (as outlined in Form A):
 - Tuberculin Skin Test – A TB test is required yearly. A student will only be allowed into the clinical area with EITHER documentation of a negative TB test, OR a negative chest X-ray.
 - Hepatitis B – Documentation of the 3 – dose series OR positive serologic testing.
 - MMR (measles, mumps, rubella) – A student must provide documentation for up-to-date immunization records, OR laboratory evidence of immunity.
 - TDaP (Tetanus, Diphtheria, Pertussis) – A student must provide documentation of up-to-date immunization records.
 - Flu vaccine – the seasonal flu vaccine is required by many clinical sites. You will be expected to meet the clinical requirements as defined by the individual clinical site locations.

Clinical Rotation Shifts:

- The Paramedic Program includes required clinical & field internships of a minimum of 675 clock hours for the completion of numerous skill and assessment competencies. There are generally a wide variety of clinical sites, dates, and shift times available for these Paramedic clinical rotations.
- All confidentiality forms must be signed prior to scheduling clinical shifts. Forms will be available on the first day of the Paramedic Program.

DEADLINE TO APPLY:

It is advised that any person interested in one of the Paramedic Programs at the various campuses should submit their applications and supporting documentation as soon as possible!

However, applications will be accepted for the FALL 2018-2019 Paramedic Program until JULY 30, 2018.

Any application received after this date will receive consideration based on: seating availability and the completion of all enrollment requirements including, but not limited to: admission into New River Community and Technical College and/or remaining in good standing, completion of Paramedic Course Written Entry Examination, Admission Committee Review and approval of documentation.

Paramedic Course Written Entry Examination Dates: To Be Announced

*** Note regarding MATH 101 & ENGL 99/101:** Students utilizing financial aid through application with www.fasfa.gov are required to complete MATH 101 & ENGL 101 (if he/she has not already done so).

**** Any student deemed unable to perform clinicals due to issues arising from background check, drug screen, physical and/or immunization requirements will be withdrawn from the program.**

Program Cost Guide

*****Costs and items listed below are subject to change at any time.**

Tuition:

Full-time resident student (12 hours or more) per semester	\$2,143
Full-time non-resident student (12 hours or more) per semester	\$3,450

Special Fees and Charges:

Paramedic Program Fee (Per Credit Hour)	\$30
Student Services Fee (Per Credit Hour)	\$8
Technology Fee (Per Credit Hour)	\$8

Other:

Textbooks	\$850 (<i>varies</i>)
Drug Screening Fee	\$50
Background Check Fee	\$50

Items provided to the student that are included in tuition:

Clinical Polo
Clinical Scheduling and Tracking Software
Course Exam Software
New River CTC Black Board Learning Management System

Out of Pocket Expenses:

Clinical uniform	
o pants (black/navy blue)	
o belt (black)	
o shoes (solid black)	
National Registry Examination Fee	\$125/attempt
Physical Exam Fee	
Immunizations & Titters	<i>Varies based on student need</i>

Student Health Physical (Form A)

Student name _____ Date _____

Address _____

Gender (circle): M F Date of birth _____ Social Security No. _____

Technology: (circle) EMT Paramedic

HEALTH HISTORY (student must complete prior to physical exam):

Explain "YES" responses following the question	YES	NO
1. Have you had a medical illness or injury since your last checkup?		
2. Have you ever been hospitalized overnight?		
3. Have you ever had surgery?		
4. Are you currently taking any prescription or nonprescription (over-the-counter) medications, herbs, or supplements? If yes, list all medications.		
5. Do you have any allergies, including allergy to latex? Any food allergies to bananas, avocados, potatoes, tomatoes, kiwis, chestnuts, peaches, papaya?		
6. Have you ever been considered disabled?		
7. Do you require any special adaptive equipment?		
8. Do you think you are in good health? If no, explain.		

Have you had any of the following?	YES	NO	Have you had any of the following?	YES	NO
Diabetes			Any immune system disease		
Eye disease			Asthma		
Ear or hearing problems			Tuberculosis		
Heart disease			Hepatitis		
High blood pressure			Measles		
Hernia or rupture			Mumps		
Back/extremity problems			Rubella		
Fainting or blackout spells			Chickenpox		
Epilepsy or convulsions			Psychiatric disorder		

Explain any "YES" responses here

I certify that all statements made by me on this medical history are true and complete to the best of my knowledge.

Signature _____

Date _____

Student Health Physical (Form A), cont.

Student name _____

Height	Weight	Blood pressure	Heart rate
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Wears glasses/Contacts/Neither (circle) Hearing: right _____ left _____

Vision	Uncorrected	Corrected
Right	20/	20/
Left	20/	20/
Both	20/	20/

Color vision (ISHIHARA 14 Color Plate or equivalent)

Normal _____ Deficient _____

Findings	Normal	Abnormal (indicate nature and degree)
Skin/scalp		
Eyes		
Ears		
Nose		
Mouth, teeth		
Pharynx		
Head/neck		
Lymph nodes		
Thyroid		
Chest		
Breasts (optional)		
Lungs		
Heart		Rhythm Murmur
Abdomen		
Hernia		
Back/spine		
Musculoskeletal		
Neurologic		
Psychiatric		

Any diagnostics ordered? (i.e. EKG, UA, blood work) no _____ yes _____ (if yes, indicate type and attach results to physical form)

COMMENTS:

Student Health Physical (Form A), cont.

Immunizations/testing

TB test - 2 <i>step must be performed</i> . TB within past year counts for 1 step. Chest x-ray required, if positive.	#1 test placed: Result Read:	#2 test placed: Result Read:	
MMR (measles, mumps & rubella) - 2 <i>vaccines required or titer or history</i>	Measles #1 dose: Mumps #1 dose: Rubella #1 dose:	Measles #2 dose: Mumps #2 dose: Rubella #2 dose:	Titer results or document history:
Hepatitis B vaccine	#1 dose:	#2 dose:	#3 dose:
Varicella (chickenpox) <i>Vaccines or titer or history</i>	#1 dose:	#2 dose:	Titer results or document history:
Tdap (Tetanus/Diphtheria/ Pertussis) <i>Adult booster within past 10 years</i>		Date:	
Flu shot	Date:		

Medical History

Does student currently or in the past had any of the following:

Condition	Yes	No	If yes, please explain
Seizures or neurological disorder(s)			
Eye, ear, nose or throat disorder(s)			
Diabetes, thyroid or other endocrine disorder(s)			
Muscle, bone or joint disorder(s)			
Asthma or respiratory disorders(s)			
Heart or circulation disorder(s)			
Skin disorder			
Gastrointestinal disorder(s)			
Genito Urinary disorder(s)			
Psychiatric disorder(s)			
Hematological disorder(s)			

Previous Hospitalizations or Surgical History (date and reason):

Current Medications: _____

Is student currently pregnant? Yes No

Allergies: _____

I certify that I have on this date examined this individual. On the basis of this examination and the medical history furnished to me, this person has no medical problems that would interfere with participation in their educational program.

Agree _____ Disagree _____ Date _____

Provider's signature _____ M.D. D.O. N.P. P.A.

Provider's name, phone, address (print or stamp): _____

Student Application (Form B)

Name: _____ Date: _____
First, Middle Initial, Last

Mailing Address:

_____ Street Apt. #

_____ City State Zip

Home Phone: _____ Cell/Other: _____

Circle Highest Level of Education: Diploma HS/GED College 1 2 3 4

E-mail address: _____

Person to be notified in case of an emergency: _____

Phone number of emergency contact: _____

Relationship of emergency contact: _____

Have you ever been convicted of a felony? _____ yes _____ no

Have you ever been or currently under an investigative process or disciplinary action by a past or current employer? Yes _____ No _____

I currently hold the following health/medical certifications or licenses:

Please describe any previous professional health/medical work experience:

Please describe any previous health/medical educational experience:

Please describe any previous volunteer experience related to health/medical field:

NOTICE:

Please indicate by signing below, that you have read and understand the following statement:

“New River Community and Technical College will retain a Criminal/Background and Drug Screening test in the student application file prior to placement in a clinical setting.”

I have read and understand the program information and statement above. The information I have given in this application is, to the best of my knowledge, correct.

Signature: _____ Date: _____

New River Community and Technical College does not discriminate on the basis of race, color, national origin, ancestry, sex, sexual orientation, age, religion, blindness or disability in its educational programs or in admission to, access to, treatment in, or employment as required by applicable state and federal law.

The offices listed below have been designated to handle inquiries regarding the nondiscrimination policies. Americans with Disabilities Act of 1990 and Section 504 of the Vocational Rehabilitation Act of 1973.

Inquiries Contact:

Leah Taylor

Vice President of Administrative Services

Phone: 304.929.6701

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