Paramedic Program Application Information & Instructions

MINIMUM ADMISSION CRITERIA

Prerequisites
- Current Healthcare Provider CPR Certification
- EMT Certification
- Active EMT practice or equivalent for 1 year
- Anatomy and Physiology for the Prehospital Provider course or equivalent
- Criminal Background Check

Anatomy & Physiology
A course description/syllabus for anatomy and physiology course, (other than LCSC WFT, LCSC, or WWCC courses), must be submitted with the application to determine equivalency.

Resume
Submit a copy of your professional resume along with your application. Emphasize healthcare/EMS training, work and volunteer experience. Include specific dates.

References
Two (only 2) professional references must be received by the application deadline (must use forms included with application).

Performance Standards
Must meet Performance Standards for Lewis-Clark State College Paramedic Program students.

Letter of Intent
Submit a Letter of Intent which includes the following: Your reason(s) for wanting to become a paramedic, your expectations of the paramedic field, a discussion of your own personal strengths and weaknesses, and your career plans after you become a paramedic. Please include how you will be able to meet the demands of the program; it is a time intensive course of study.

Interview
Any applicant with a completed application, submitted by the application deadline, will proceed on to an admissions interview. The applicant will be contacted by the program coordinator to schedule the interview.
Previously admitted students who have left the program must follow the Re-Entry Policy found in the Lewis-Clark State College Paramedic Program Student Handbook.

Admission to the Lewis-Clark State College Paramedic Program is competitive. These are the minimum standards for inclusion in the application process. Meeting the minimum criteria does not guarantee admission to the program. Contact Lewis-Clark State College Workforce Training (LCSC WFT) if you have questions about the admission process.

**APPLICATION PROCESS**

**Application Deadline:** August 5, 2016 at 5 p.m.

The following items must be submitted by the application deadline:

- Completed application form
- Resume
- Course description of A&P course (if other than LCSC WFT, LCSC, or WWCC)*
- Official transcripts from all colleges and universities (other than LCSC) attended**
- References (mailed or faxed to LCSC WFT)
- Letter of Intent
- Copy of valid Healthcare Provider CPR certification

The following item must be submitted prior to the first day of class.

- Criminal Background Check ***You will be given specific background check instructions.

Application is considered complete when the above items have been received by the Lewis-Clark State College Paramedic Program. Incomplete applications or applications received outside the application window may not be considered for admission. You will be notified by e-mail if your admission application is incomplete. Final admittance to the program is dependent upon passing the background check.

*If you are currently enrolled in an A&P course at the time of application submission, please indicate on the application form.

**Transcripts can be mailed directly from the college attended and do not have to accompany your application. Please indicate on the application if you have requested transcripts to be mailed to LCSC WFT.

*** If your background check results are late or found to contain information that is questionable, you may be administratively withdrawn from the program.

**Please send application and supporting documentation to:**

Lewis-Clark State College
Workforce Training
Attn: Patty Bowles
1920 3rd Ave North
Lewiston, Idaho 83501
1. Applicants will be notified in writing of their admission to the program. Notification will be mailed on August 29, 2016.

IMMUNIZATION & CPR RECORDS

1. After admission students must provide immunization and CPR documentation (photocopies only) to LCSC WFT. Immunizations include:
   - Tdap: Required once after age 12
   - TB: Current negative 2-step test. Will accept proof of negative 1-step if done for employment purposes within previous 12 months. Must stay current during full course of study.
   - MMR: 2 vaccinations OR immunity by titer for each (measles, mumps, rubella)
   - Varicella: 2 vaccinations OR immunity by titer
   - Hepatitis B series: 3 shot series (started before classes begin) with immunity confirmed by titer OR immunity by titer.
   - Influenza: Proof of annual vaccination during influenza season (October 1 - March 31) OR signed waiver (may be denied clinical/field admission by site if waived).
2. Appointments can be made with your personal care provider, health district, or LCSC Student Health for immunizations or titer levels.
3. CPR certification (healthcare provider level) must be current and remain updated throughout the program. Provide photocopy of certification card to LCSC WFT. CPR is available through LCSC WFT, if needed.

OTHER INFORMATION FOR APPLICANTS

1. Once your application has been received and reviewed, students must obtain and submit a criminal background check. Information on the process for the background check will be provided to you. Students must obtain, submit, and pass a background check annually while enrolled in the Lewis-Clark State College Paramedic Program.
2. Students must be at least 18 years of age and a high school graduate or equivalent.
3. Students must provide proof of valid driver's license.
4. Students must provide proof of current EMS licensure.
5. Students are responsible for their own vehicle insurance and transportation to and from clinical agencies.
6. Field experiences are conducted at variable times, both locally and in outlying areas.
7. LCSC WFT does not carry health insurance for students. It is the student’s responsibility to carry their own health insurance and is strongly recommended.
# Lewis-Clark State College Paramedic Program Application

## Personal Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Maiden Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different than above)</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Secondary Phone</th>
<th>Social Security #</th>
<th>DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail address</th>
<th>Emergency Contact</th>
<th>Emergency Contact Phone #</th>
<th>Relationship</th>
</tr>
</thead>
</table>

## Educational Record

Beginning with the most recent, list all colleges and universities attended, regardless of length of attendance. Include any educational institution you are currently attending. Include your training as an EMT, even if it was not at a college or university.

<table>
<thead>
<tr>
<th>College or University</th>
<th>Location: City and State</th>
<th>Dates of Attendance From: Mo/Yr To: Mo/Yr</th>
<th>Degree or Certificate Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prospective Student Reference Form

Applicant: __________________________

Applicant Instructions:

This form is to be given to the person recommending you. The reference should be from someone who is well acquainted with your health-related work/volunteer experience or academic preparation and who is able to judge your qualifications for success in EMT Paramedic. References from family members or those known in a social capacity, including pastors, coaches, and friends will not be accepted.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their record, including letters of recommendation; however, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to review these records or to decline to do so. Please mark the appropriate statement below indicating your choice of option and sign your name. Please check only one option.

_____ I elect to keep this recommendation confidential. I waive all rights of access to this recommendation, whether visual, oral, or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future, nor will it be part of my official WFT student file.

OR

_____ I elect to keep the recommendation non-confidential. This recommendation may be shown at my request and it will become part of my official WFT student file.

Signature of Applicant: ________________________________ Date: ________________

Reference Instructions:

The above student is applying to the Lewis-Clark State College Paramedic Program and has selected you as a reference. Please complete the attached recommendation form to evaluate this applicant. Please DO NOT complete this form if the above named candidate has failed to designate a confidentiality option or has failed to sign the confidentiality option form. Your prompt response is appreciated. All student application information must be received prior to the August 5, 2016.

Both pages of the completed reference form must be mailed or faxed directly by the reference to LCSC Workforce Training. Please email to pdbowles@lcsc.edu or fax to Patty Bowles 208-792-2680.
Lewis-Clark State College Paramedic Program Reference Form

Applicant Name: ________________________________

Reference Name: ________________________________ | Title and Organization: ________________________________

Address: ____________________________________________ | Phone & email: ________________________________

Briefly describe the capacity in which you have known the applicant, including applicant’s job title and hours worked in your agency, if applicable.

PART I: Read each sentence and rate the applicant. Circle the word(s) (strongly agree to not observed) which best describes your response to each statement.

1. The applicant is productive, resourceful, persevering and creative.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

2. The applicant is perceptive, logical, observant, and inquiring.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

3. The applicant is responsible and accountable.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

4. The applicant is collaborative and cooperative.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

5. The applicant communicates effectively.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

6. The applicant manages time effectively and is able to set priorities.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

7. The applicant is innovative and open to new ideas.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

8. The applicant demonstrates integrity.
   Strongly Agree    Agree    Neither Agree nor Disagree    Disagree    Strongly Disagree    Not Observed

9. My overall impression of this candidate is:
   Excellent    Very Good    Average    Below Average    Poor    Unknown

PART II: Please briefly comment on (use a separate sheet of paper if necessary):

1. The applicant’s capacity to analyze a problem and arrive at a workable solution.

2. Any strength(s) which will contribute to the applicant’s successful completion of the program.

3. Factors which could negatively affect the applicant’s successful completion of the program.

Signature ________________________________ Date ________________________________
Prospective Student Reference Form

Applicant: ______________________

Applicant Instructions:

This form is to be given to the person recommending you. The reference should be from someone who is well acquainted with your health-related work/volunteer experience or academic preparation and who is able to judge your qualifications for success in EMS paramedic. References from family members or those known in a social capacity, including pastors, coaches, and friends will not be accepted.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their record, including letters of recommendation; however, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to review these records or to decline to do so. Please mark the appropriate statement below indicating your choice of option and sign your name. Please check only one option.

____ I elect to keep this recommendation confidential. I waive all rights of access to this recommendation, whether visual, oral, or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future, nor will it be part of my official WFT student file.

OR

____ I elect to keep the recommendation non-confidential. This recommendation may be shown at my request and it will become part of my official WFT student file.

Signature of Applicant: ___________________________ Date: ______________

Reference Instructions:

The above student is applying to the Lewis-Clark State College Paramedic Program and has selected you as a reference. Please complete the attached recommendation form to evaluate this applicant. Please DO NOT complete this form if the above named candidate has failed to designate a confidentiality option or has failed to sign the confidentiality option form. Your prompt response is appreciated. All student application information must be received prior to the August 5, 2016.

Both pages of the completed reference form must be mailed or faxed directly by the reference to LCSC Workforce Training. Please email to pdbowles@lcsc.edu or fax to Patty Bowles 208-792-2680.
Lewis-Clark State College Paramedic Program Reference Form

Applicant Name: ____________________________________________

Reference Name: ____________________________ Title and Organization: ____________________________

Address: ____________________________ Phone & email: ____________________________

Briefly describe the capacity in which you have known the applicant, including applicant’s job title and hours worked in your agency when applicable.

PART I: Read each sentence and rate the applicant. Circle the word(s) (strongly agree to not observed) which best describes your response to each statement.

1. The applicant is productive, resourceful, persevering and creative.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

2. The applicant is perceptive, logical, observant, and inquiring.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

3. The applicant is responsible and accountable.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

4. The applicant is collaborative and cooperative.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

5. The applicant communicates effectively.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

6. The applicant manages time effectively and is able to set priorities.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

7. The applicant is innovative and open to new ideas.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

8. The applicant demonstrates integrity.
   Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  Not Observed

9. My overall impression of this candidate is:
   Excellent  Very Good  Average  Below Average  Poor  Unknown

PART II: Please briefly comment on (use a separate sheet of paper if necessary):

1. The applicant’s capacity to analyze a problem and arrive at a workable solution.

2. Any strength(s) which will contribute to the applicant’s successful completion of the program.

3. Factors which could negatively affect the applicant’s successful completion of the program.

__________________________________________  ____________________________
Signature  Date
Performance Standards*

The student must be capable of meeting the performance standards of the Lewis-Clark State College Paramedic Program. Reasonable accommodation can be made for disabilities; however, students are expected to perform in a reasonably independent manner.

<table>
<thead>
<tr>
<th>Category Description and Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking ability sufficient to exercise sound EMS judgment. Reasoning skills sufficient to perform deductive/inductive thinking for EMS decisions.</td>
<td>- Identify cause/effect relationships and make appropriate judgments in clinical situations.</td>
</tr>
<tr>
<td>Communication abilities sufficient for effective interaction in verbal and written form.</td>
<td>- Able to obtain information, explain treatment procedures, initiate health teaching, describe patient situations, perceive nonverbal communication.</td>
</tr>
</tbody>
</table>
| Gross and fine motor function sufficient to provide safe and effective care. | Gross Motor:  
  - Gross motor skills sufficient to provide the full range of safe and effective health care activities (move within confined spaces, reach above head, etc.)  
  Fine Motor:  
  - Fine motor skills sufficient to perform manual psychomotor skills (pick up items with fingers) and sustain repetitive movements (CPR).  
  Physical Strength  
  - Physical stamina sufficient to perform client care activities for entire length of work shift (push, pull, support and lift 125 pounds of weight, position ambulate and transfer clients, defend self against combative clients, etc.) |
| Auditory ability sufficient to monitor and assess needs of clients. | - Able to hear monitor alarm and emergency signals, able to listen and hear breath sounds, able to hear normal speaking level sounds. |
| Visual ability sufficient for observation and assessment necessary for care. | - Ability to observe patients, visualize appearance of a surgical wound, depth perception, peripheral vision, distinguish color and color intensity. |
| Tactile ability sufficient for physical assessment. | - Able to perform palpation of a pulse, perceive temperature or functions of a physical exam. |
| Emotional health sufficient to totally utilize her or his intellectual abilities. Able to function effectively during stressful situations. | Interpersonal  
  - Interpersonal abilities sufficient to interact with individuals, families, and groups, respecting social, cultural, and spiritual diversity.  
  - Negotiate interpersonal conflict.  
  - Establish rapport with clients and with co-workers.  
  - Able to adapt to ever-changing environments, displaying flexibility, learning to function in the case of uncertainty that is inherent in clinical situations involving patients/clients. |

*Adapted from LCSC Division of Nursing and Health Sciences.