



Emergency Services Department (Applications must be received by 5 pm on the due date)



Paramedic Application's checklist (Keep this page for your records)

- Applicants must be admitted to Utah Valley State College by the time the application is received.
- 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 Utah Valley State College's Paramedic classes 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.

Items that must be submitted with your application:

Statement of background and goals:

Applicants must submit a statement of background and goals, typed or legibly written. Areas to be covered include why you are considering the paramedic classes, what the logical steps in the applicant's education and career are, where you want to practice 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.

College Transcripts:

You must have each college/university attended send a transcript to
UVSC Admission's Office
800 West University Parkway MS 106
Orem, Utah 84058

OR

If you have already transferred your all your credits to UVSC or if you have only attended UVSC please see an advising staff member to get a copy of your degree evaluation.

Letters of recommendation

Three letters of recommendation are required. The letters need to be from individuals such as Physicians, Mid level care providers, RN, paramedics, college instructors, etc. who are familiar with the applicant's medical experience, skills, college work, study habits, and work performance.

Copies

Provide a copy of your driver's license, EMT, and CPR certifications

These prerequisites must be completed before classes begin:

- Complete ZOOL 1090 with a grade of “C” or higher.
- Obtain COMPASS Writing/DRP scores of 80+/ 77+, or ACT English/ACT Reading scores of 19+/ 19+, or ACT English/ACT Composite scores of 19+/19+, or SAT English score of 500+, or completion of ENGH 0990 or higher. ACT or SAT reports may not be older than 10 years.
- Obtain COMPASS Pre-Algebra score of 70+, or ACT mathematics score of 17+, or SAT mathematics score of 450+, or completion of MAT 0990 or higher, or completion of FSF 1350. ACT or SAT reports may not be older than 10 years.
- You must be certified as an EMT – Basic for one year and have current CPR certification. Provide a copy of your EMT and CPR certifications.
- Pass a paramedic course entry examination and interview.

You must schedule a paramedic course entry examination with the Emergency Services department. Please call 801-863-7700 / 888-548-7816 or go to FS 217 to schedule a test time. The paramedic course entry examination is a written evaluation of the applicant’s medical knowledge, EMT skills, problem solving ability, basic math calculations, medical terminology, anatomy, and physiology, and priority based problem solving. You may use a calculator for this test. The maximum allotted time to complete this test is four hours. The tests results will be added to the oral interview and physical agility testing scores for an overall score and ranking entry. **Applicants will be contacted by phone or mail to schedule an oral interview and physical agility test.**

Once accepted in the paramedic classes, you must show verification of the following documentation:

- Be at least 18 years old and have a valid driver’s license.
- Be able to comply with criminal background check requirements of UCA 26-8a-310 for certification as a paramedic in the state of Utah. **Applicants cannot have any felony convictions or be on probation.**
- Have current vaccinations, including Hepatitis B, MMR and Tdap. Have current TB test results.
- Obtain a current physical examination.



Paramedic Application
 (Applications must be received by 5 pm on the due date)
Submit pages 3 - 6



Application date (please check one):

Fall 20____ (Deadline –April 1st of each year)
 (Fall Paramedic classes are from August until April)

Spring 20____ (Deadline –October 1st of each year)
 (Spring Paramedic classes are from January until August)

| | |
|-----------------------------|--|
| Name | |
| UV ID # | |
| Full mailing address | |
| Day telephone# | |
| Night telephone # | |

| OFFICIAL USE ONLY Emergency Services Department | |
|--|-------|
| ZOOL 1090 | _____ |
| EMT Certification for one year | _____ |
| ENGL 0990 or higher or ACT/SAT/COMPASS score | _____ |
| MAT 0990 or higher or ACT/SAT/COMPASS score | _____ |
| Letter of Intent | _____ |
| Three Letters of Recommendation | _____ |

Applicants are evaluated on the following criteria...

| Prerequisites | I've completed this class at | I am currently enrolled at | I will enroll at |
|--|------------------------------|----------------------------|------------------|
| ZOOL 1090 - Intro to Human anatomy & physiology must be completed with a least "C" grade | | | |
| EMT Certification for at least <u>one</u> year | | | |
| Completed MATH 0990 or higher or ACT/SAT/COMPASS score | | | |
| Completion of ENGL 0990 or higher or ACT/SAT/COMPASS score | | | |

NOTE: All academic prerequisites must be completed before the classes begin. ENGL and MATH classes need to be completed with at least a "C-" grade. ACT/SAT/COMPASS scores may not be older than 10 years.

PART I – Education

College Experience: Beginning with most recent, list all college/universities attended or currently attending, even if course work is not medically related. Transcripts are required from each institution. (If you need more space, use a separate sheet of paper).

| Institution & City | Dates Attended | Semester credit hours received | GPA | Major | Degree received |
|--------------------|----------------|--------------------------------|-----|-------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL NUMBER OF COLLEGE SEMESTERS _____
 (Divide total number of credits by 12)

COLLEGE/UNIVERSITY TRANSCRIPTS

You will be responsible for contacting your high school and other colleges/universities you have attended to request that your official transcripts be sent to:

Utah Valley State College - ADMISSIONS OFFICE
 800 West University Parkway MS106
 Orem, Utah 84058

You must complete both:

I am attaching an official college transcript with this application

I've sent an official transcript to UVSC Date_____

Select this option if you have sent all applicable college transcripts to UVSC or if have taken all your classes at UVSC. If that is the case, attach a copy of your degree evaluation. See the Emergency advising staff.

PART II –Additional Information (If you need more space, use a separate sheet of paper).

1. List awards or honors achieved in academic or professional work.
2. Have you ever worked with a Paramedic, and if so, in what capacity or setting?
3. How did you learn about the Utah Valley State College Paramedic Classes?
4. Describe your chief assets or skills in medical/patient care.

5. Is there any condition, which you feel, may prevent you from full participation in/and completion of this program?

Part III- Character and Fitness Evaluation

If the answer is “yes” to any of the questions 1-4, please submit a detailed explanatory statement. Circle the correct answer.

- 1. Yes No Have you ever been enrolled at any other Paramedic Classes?
- 2. Yes No Have you ever been convicted of a crime (other than minor traffic violation) that has not been expunged from your record?
- 3. Yes No Have you ever been disciplined, placed on probation, or dismissed in connection with your academic or scholastic performance?
- 4. Yes No Have you ever been disciplined, sanctioned, placed on probation, dismissed or had a judgment obtained against you in connection with any misconduct matter including educational, personal, professional, military, business or employment behavior or activity?

PART IV – PAID Medical Experience

Begin with the most recent. List only medical related experience. Show total years as full time equivalency. (If you need more space, use a separate sheet of paper).

| | | |
|-----------------------------|--------------|----------------------|
| Employer | | |
| Address | | |
| Job Title | | |
| Supervisor | | Phone Number: |
| Job Responsibilities | | |
| Employment Dates | From: | To: |

| | | |
|-----------------------------|--------------|----------------------|
| Employer | | |
| Address | | |
| Job Title | | |
| Supervisor | | Phone Number: |
| Job Responsibilities | | |
| Employment Dates | From: | To: |

TOTAL YEARS OF PAID MEDICAL RELATED EXPERIENCE

Part V - VOLUNTEER Medical Experience

Begin with most recent. List only medical related experience. Show total years of experience as full time equivalency. (If you need more space, use a separate sheet of paper).

| | | |
|-----------------------------|--------------|----------------------|
| Institution | | |
| Address | | |
| Job Title | | |
| Supervisor | | Phone Number: |
| Job Responsibilities | | |
| Volunteer Dates | From: | To: |

| | | |
|-----------------------------|--------------|----------------------|
| Institution | | |
| Address | | |
| Job Title | | |
| Supervisor | | Phone Number: |
| Job responsibilities | | |
| Volunteer Dates | From: | To: |

TOTAL YEARS OF VOLUNTEER MEDICAL RELATED EXPERIENCE

By signing this application, I verify the following:

- I understand that any error(s), omission(s), or falsification(s) in ANY part of this application or other supporting material will result in ineligibility in the application process.
- All of the information I have provided on this application and accompanying material is true, complete, and accurate to the best of my knowledge.
- I understand that I am required to update my admission file if additional information becomes available such as scholastic grades earned or any information that may be relevant to my character and fitness to enter the Utah Valley State College Paramedic Classes.

Signature: _____ Date: _____

ADDRESS ALL CORRESPONDENCE TO
 Utah Valley State College - Emergency Services Department
 ATTN: Paramedic Classes
 3131 Mike Jense Parkway, Provo UT 84601
 Fax Number: 801-863-7738
 If you have any questions, please call 801-863-7700