

*Start Here. Go Anywhere!*

**SOUTH CAMPUS EMT DEPARTMENT  
PARAMEDIC PROGRAM TO START  
FALL 2015**

Erie Community College South will be conducting a full-time day and evening Paramedic program starting in August of 2015. Applications are available now in the EMT Department, Building #3, 1<sup>st</sup> floor in room 3130 or by calling the ECC South EMT department at 851-1781 or 851-1797, or online at [www.ecc.edu/academics/programs/emtcert/default.aspx](http://www.ecc.edu/academics/programs/emtcert/default.aspx)

**AM I QUALIFIED?**

You are eligible to apply if:

- You are currently certified as an EMT or higher in NYS
- You have graduated from high school or possess a GED
- You do not have a criminal record
- You are physically fit to provide pre-hospital care
- If you have attended ECC previously, you must be in good academic standing.

**WHAT ARE THE PREREQUISITES?**

- You must successfully complete the ECC pretest for Math (AARLV2 or higher) & English (AWRLV3 & ARELV3 or higher) unless exempt.

**WHEN ARE THE CLASSES?**

**Full-time *day* and *evening* programs** are offered. They will start in August 2015 and end in August 2016

The **day section** will run on Mondays, Tuesdays and Thursdays from **8:30am to 2:30pm**.

The **evening section** will run on Mondays, Wednesdays and Thursdays from **4:30pm to 10:30pm**.

**Clinical time** is flexibly scheduled after class and on off class days.

**APPLICATION DEADLINE!**

Deadline for return of the application with all required attachments will be 12:00 noon, **Friday April 24<sup>th</sup>, 2015**. Interviews will be conducted as applications are received. If seats remain available, late applications may be considered until June 19<sup>th</sup>, 2015. Admission priority will be given to qualified students who meet the **April 24<sup>th</sup>, 2015 deadline**. Early application submission is encouraged.

Any questions, please call John Wall (270-5341), or Scott Corcoran (851-1797) of the EMT Department.

## APPLICATION INSTRUCTIONS CHECKLIST

Completing the steps of the checklist will be the most efficient way of processing the students into the Erie Community College EMT- Paramedic program.

COMPLETE	ITEM
1.	Obtain the hard copy Paramedic program application from the department, or online <a href="http://www.ecc.edu/academics/programs/emtcert/default.aspx">www.ecc.edu/academics/programs/emtcert/default.aspx</a>
2.	Complete and sign the EMT DEPARTMENT admissions application.
3.	Attach a <b>copy</b> of your current EMT card to the Paramedic program application. If your EMT card expires prior to the end of the program, you must make arrangements to recertify now.
4.	Complete the separate Erie Community College Admissions application in its entirety online (www.ecc.edu).
5.	An official copy of your high school and previous college transcripts (if applicable) must be sent to: <b>Erie Community College South, Office of Admissions, 4041 Southwestern Blvd., Orchard Park, NY 14127</b>
6.	The <b>Supervisor Recommendation form</b> you received with your Paramedic program application should be given to a supervisor of your choice. Be sure to fill out the top part and sign it. Check the waive option of your choice (required).
7.	Check with your supervisor to ensure the recommendation has been sent to the EMT Department.
8.	Make an appointment with the Admissions Office by calling 851-1655. Bring the EMT Department Paramedic application to the appointment. Do not mail the application.
9.	<b>After</b> the college admissions appointment, <b>come to the EMT department</b> ; building 3, room 3130 or call 851-1781 to schedule a faculty interview. <b>Bring the completed Paramedic program application with you.</b>
10.	Schedule the Math and / or English pretest if necessary.

Upon completion of the above application process, you will be notified of your admission status by mail. Upon admission, you will receive an ECC Allied Health Physical and Immunization form. This must be completed by a physician and returned to:

Erie Community College - South  
Health Office  
4041 Southwestern Blvd.  
Orchard Park, NY 14127

Admissions requirements are not complete until the college health office verifies a completed health form. You must make **3 copies** for yourself, before submitting the original to the Health office.

**It is strongly encouraged that candidates have as much field EMT patient care experience as possible, (NOT DRIVING).**

**Experience has demonstrated that candidates with minimal EMT patient contact experience have a much more**

**difficult time meeting program requirements. Being an ACTIVE member of a volunteer or commercial EMT unit prior**

**to applying is STRONGLY RECOMMENDED!**

Applicants must not have any misdemeanor or felony convictions. If a candidate has a conviction, it will be individually reviewed, and any such conviction may not be an automatic bar to certification. The NYS Department of Health will determine if the conviction is applicable under the provisions of 10 NYCRR part 800.



# ERIE COMMUNITY COLLEGE

STATE UNIVERSITY of NEW YORK

## EMERGENCY MEDICAL TECHNOLOGY DEPARTMENT

PLEASE INDICATE WHICH CLASS YOU ARE APPLYING FOR: SEMESTER: SPRING / FALL YEAR: \_\_\_\_\_

**ALL STUDENTS must also complete a college application at [www.ecc.edu](http://www.ecc.edu). Part-time** apply as non-matriculated students under the partnerships section of the drop-down menu. **Full-time** select the desired certificate or degree track.

- BASIC EMT**
- South Day M W F 9 am-12:20
  - South Eve. M, T 6:30-10:30/Th7-10
  - North Day M,W 9-12/F 8:30-12:30PM
  - North Eve. T,TH 7-10/SAT 9-1:00PM

- ADVANCED EMT ORIGINAL**
- South M,T,TH 6:30-10 PM
  - North M,W 6:30-10PM, SAT 9 – 12:30

- PARAMEDIC ORIGINAL**
- South Day M,T,TH 8:30-2:30
  - South Evening M,W,TH 4:30-10:30

- PARAMEDIC RECERT**
- SPRING SEMESTER ONLY South M,W 7-10 PM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SS # \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

US CITIZEN: YES NO VETERAN: YES NO

PRESENTLY A MEMBER/EMPLOYEE OF FIRE/EMS UNIT: \_\_\_\_\_

\_\_\_\_\_ HOW LONG: \_\_\_\_\_

ATTACHED NYS VERIFICATION OF MEMBERSHIP FORM COMPLETED: YES NO

**RECERTIFICATION STUDENTS: Complete the above section, credentials and signature sections ONLY.**

**Original Students: OSHA requires fit-testing for an N95 particulate respirator mask *before* you can provide patient care. Please see your agency officer and take care of this *before entering the program*. Without a statement saying you have been fit-tested, and have a mask, you will not be permitted to participate in field internship or clinical.**

**CREDENTIALS:** Submit photocopy of all cards

	Number	Expiration Date
Basic EMT		
Advanced		
CC 3		
PARAMEDIC		
PILS		
PALS		
ITLS		
ACLS		

IF RECERTIFYING, DO YOU PLAN TO CHALLENGE:  
YES NO

**FULL TIME STUDENTS - ADMISSIONS ADVISEMENT REQUIRED:**

**MATH PRETEST/PREREQUISITE:** (Only 1 required.)

Waived from pretest	YES	NO
Pretest code AARLV2 or higher	YES	NO
Completed non-credit MT001 or MT003	YES	NO

**ENGLISH PRETEST/ PREREQUISITE:** (Only 1 required.)

Waived from pretest	YES	NO
Pretest code AWRLV3 & ARELV3 or higher	YES	NO
Completed non-credit EN 020	YES	NO

Student in good academic standing? YES NO

ADMISSIONS COUNSELOR SIGNATURE: \_\_\_\_\_

Recertification challenge skills sheets may be found at [www.health.state.ny.us/nysdoh/ems/pdf](http://www.health.state.ny.us/nysdoh/ems/pdf)

### Personal Affirmation:

I affirm that in accordance with the requirements of 10 NYCRR Part 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of health will determine if the conviction is applicable under the provisions of Part 800. I affirm that the statements made on this application (including attachments) are true under penalties of perjury.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**ORIGINAL CERTIFICATION**

**EDUCATION**

	NAME	DID YOU GRADUATE	DIPLOMA DEGREE	MAJOR COURSE OF STUDY	# COLLEGE CREDITS
High School		YES NO			
GED Issuing Agency		Number:		Date of Issue:	
College/Technical		YES NO			

**EXPERIENCE: EMS ONLY**

Length of Service: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Hours per week _____	Name of Agency	Address	City & State
	Type of Business	Your Title	Name & Title of Your Supervisor
	Duties: Describe the Nature of the Work Personally Performed By You		
	_____		
Length of Service: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Hours per week _____	Name of Agency	Address	City & State
	Type of Business	Your Title	Name & Title of Your Supervisor
	Duties: Describe the Nature of the Work Personally Performed By You		
	_____		

**Paramedic Only**

In a detailed narrative form, describe the amount of patient care experience you currently have, functioning as an EMT, in a non-driver role. Also describe why you are applying to the paramedic program. You may use an additional sheet of paper if necessary and attach it to this application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS SECTION IS FOR EMT DEPARTMENT USE ONLY**

**Faculty Advisement** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature & Date** \_\_\_\_\_

**REFERENCE FORM RECEIVED: DATE:** \_\_\_\_\_

**ADMISSION STATUS:** ADMIT NOT ADMIT DAY EVENING CERTIFICATE DEGREE

**Decision Date** \_\_\_\_\_

**Physical sent to student?** YES NO Date: \_\_\_\_\_

# **IMPORTANT !!!**

## **FOR STEP #8 IN THE APPLICATION CHECKLIST:**

**Transcripts may be mailed but NOT the Paramedic Application, NO matter what anyone else tells you! The completed Paramedic Application must be hand carried to the Admissions Office when you appear for your appointment. The college application must be completed online.**

**PARAMEDIC APPLICATIONS MAILED ARE CONSIDERED NOT SUBMITTED, AND COULD PREVENT YOU FROM COMPLETING THE ADMISSIONS PROCESS.**





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**ADMISSIONS APPLICATION**  
***SUPERVISOR RECOMMENDATION***

Dear Sir or Madam:

The individual whose name appears on the attached recommendation form has applied to the Erie Community College Paramedic Program.

We would appreciate your time in answering the questions to the best of your knowledge of the applicant. If the waive option was checked, the individual has waived the right to examine the contents of your reply. Please return this recommendation in a timely manner, since an admission decision cannot be made until we receive all required information.

Thank You for taking the time in your busy schedule to complete this task.

RETURN TO:

Erie Community College

EMT Department Paramedic Program  
4041 Southwestern Blvd.  
Orchard Park, NY 14127

ERIE COMMUNITY COLLEGE-PARAMEDIC PROGRAM

**SUPERVISOR RECOMMENDATION**

**TO THE APPLICANT:**

Please read and fill in the top portion of this form. You should then give this form to an individual who has worked with you in the field in a supervisory capacity. This can be a crew chief, field supervisor, or a line officer of your volunteer fire department. The individual chosen should be able to verify your patient care experience, which you stated in your application, along with evaluating your field performance.

**Applicant Name:** \_\_\_\_\_

*(Print) Last*

*First*

*Middle*

This form will become part of your admissions file, but it will not be disclosed to any unauthorized individual without your consent. If you enroll at Erie Community College, you will have access to this form's contents unless you voluntarily waive your right to access. Please check one of the boxes below before you sign and date the following statement. **.THIS IS REQUIRED.**

I have read the information above and hereby \_\_\_\_\_ waive, \_\_\_\_\_ do not waive, my right to access this document should I matriculate at Erie Community College.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO THE SUPERVISOR:**

The intent of this recommendation is to receive your opinion on the above named candidate's readiness and ability to complete the paramedic program here at Erie Community College. It is most desirable for candidates to enter the paramedic program with strong patient care experience and the ability to make accurate, critical, patient care decisions under pressure.

**1. How long and in what capacity have you known the applicant?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What observations are you able to make with respect to the applicant's intellectual qualities and their ability to function under pressure?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**3. What can you tell us about the applicant's character and personal qualities? Are there any special strengths or weaknesses that we should consider? In your opinion, does the applicant have the ability and social maturity to function as a paramedic?**

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**Please check the boxes below on the basis of your knowledge of this candidate.**

	Below average	Average	Good (Above average)	Excellent (Top 10%)	Truly outstanding (Top 2-3%)	No basis for evaluation
<i>Appearance</i>						
Attendance						
Emotional Maturity						
Flexibility						
Integrity						
Interpersonal Skills						
Judgment						
Leadership						
Responsibility						
Self-confidence						
Self-Discipline						
Sense of Humor						
Overall Assessment						

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Thank you for your time. Please return the completed form to:**

**Erie Community College**  
**EMT Department Paramedic Program**  
**4041 Southwestern Blvd.**  
**Orchard Park, NY 14128**

## **EMT – PARAMEDIC**

### **REQUIRED TEXTBOOKS**

Nancy Carolines Emergency Care In The Streets, 7<sup>th</sup> edition  
Jones & Bartlett Publishers. ISBN 978-1-4496-3780-4

Prehospital Emergency Pharmacology, 7<sup>th</sup> edition, Bledsoe et al  
Brady Publishing. ISBN 978-0-13-513822-9

American Heart Association Advanced Cardiovascular Life Support  
Professional Providers Manual 2011. ISBN 978-1-61669-010-6

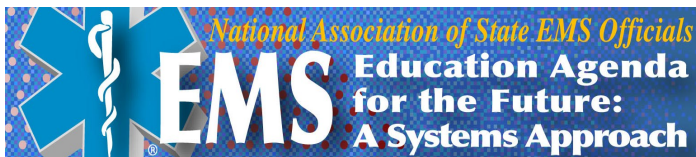
American Heart Association Pediatric Advanced Life Support  
Professional Providers Manual 2011 ISBN 978-1-61669-112-7

International Trauma Life Support For Prehospital Care Providers  
7<sup>th</sup> Edition, Brady Publishing. ISBN 978-0-13-215724-7

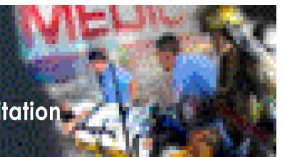
### **RECOMMENDED TEXT**

Nancy Carolines Emergency Care in the Streets Student workbook, 7<sup>th</sup> edition.  
ISBN 978-1-4496-0924-5

# Attention Paramedic Candidates: Is your program CAAHEP accredited??



National EMS Core Content  
National EMS Scope of Practice Model  
National EMS Education Standards  
National EMS Education Program Accreditation  
National EMS Certification



## IF YOU ARE ENROLLED IN A PARAMEDIC PROGRAM OR EVALUATING PROGRAMS TO ENROLL...

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest programmatic accreditor in the allied health sciences field. Nationally recognized accreditation is available for EMS education through CAAHEP's Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). Since 2013, the National Registry of EMTs (NREMT) requires successful completion of an accredited program as an eligibility requirement for National EMS Certification at the paramedic level. Currently, 44 states<sup>1</sup> utilize the NREMT in the state examination process for paramedic licensure. Successful completion of the NREMT exam is recognized in 4 states<sup>2</sup> that accept National EMS Certification as an *option* to state-based testing. Only two states<sup>3</sup> require state-based testing for initial licensure of paramedics. Candidates that graduate from a CAAHEP accredited program retain the ability to apply for national EMS certification that will enhance the ability to apply for reciprocity in the majority of states.

1. AL, AK, AR, AZ, CA, CT, DE, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NE, NV, NH, NJ, NM, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, NH, VA, VT, WA, WV, and WI.
2. IL, MT, NC, and WY.
3. FL and NY.

CAAHEP's Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) has implemented a [Letter of Review \(LoR\) process](#), which will be the official designation that a Paramedic program is in the "Becoming Accredited" process. EMS Programs that have not completed the national accreditation process must have an active LoR on file for paramedic candidates to be eligible for National EMS Certification. The program accreditation requirement does not have an effect on paramedics who possessed an active state/territorial license prior to 2013 and it has NO bearing or impact on the recertification of licensed paramedics.

## WHAT SHOULD YOU CONSIDER IF YOU ARE ALREADY ENROLLED IN A NON-ACCREDITED PARAMEDIC PROGRAM?

- Paramedic candidates that graduate from a program not accredited by CAAHEP will become permanently ineligible for National EMS Certification through the NREMT.
- If your state requires CAAHEP accreditation or utilizes the NREMT for testing, you may already be ineligible to obtain a state paramedic license or apply for reciprocity in another state.
- Go to [www.caahep.org](http://www.caahep.org) to verify that your program has an LoR on file.
- Ask your program director about the status/timeline to become accredited before you graduate.
- Consider future opportunities (including the lack of mobility/career opportunities) if you decide to complete your course of study at a non-accredited program in a state that permits state-based testing.



Verify the current accreditation status of any EMS program at [www.caahep.org](http://www.caahep.org) under the "Find an Accredited Program" tab!



**Erie Community College**  
STATE UNIVERSITY OF NEW YORK

Erie Community College  
Emergency Medical Technology  
4041 Southwestern Blvd  
Orchard Park, NY 14127  
Office (716)851-1781