



Paramedic Program Admission Procedures

Admission Requirements:

- At least 18 years of age
- High School diploma or equivalent
- Current national or state certification at the EMT-Basic or Intermediate level
- Valid drivers license
- Successful completion of admission process
- Capable of meeting the requirements in the *Description of the Profession of Paramedic, Description of Tasks and Functional Job Analysis* as written by the National Registry of EMT's and which are in the DOT Paramedic Curriculum.

Admission process for the program is:

Step 1:

- Complete Application

Provide:

- Two (2) letters of reference
- Copy of current National Registry or state EMT-B or EMT-I certification
- Copy of valid driver's license
- Official copy of high school and/or college transcripts
- Proof of vaccinations – which include MMR, Hep B, and TB

- Submit Registration fee of \$250

- Pass a background check

THE ABOVE MUST BE COMPLETED BEFORE “STEP 2” WILL BE CONSIDERED.

Step 2:

- Complete Health Occupations Basic Entrance exam (HOBET)
- Have Personal Interview



EMERGENCY TRAINING ASSOCIATES, INC.

PO BOX 1014 FERGUS FALLS MN 56538

218-998-2739

Paramedic Program Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work: _____ Cell: _____

E-mail address: _____

Date of Birth: _____ Social Security No.: _____

<u>Education:</u>	Institution	Dates Attended	Major Area of Study	Degree/Diploma
College	_____	_____	_____	_____
High School	_____	_____	_____	_____
Tech. School	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

Employment:

	Company & Address	Dates Employed	Job Duties
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List any EMS, Fire, Safety related certifications you currently hold. Provide copy of card(s)

List any medical or rescue related experience you have: _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a healthcare licensure in any state or to an agency authorizing the legal right to work? Yes _____ No _____

If you answered "yes" to either question, you must provide and submit with this application, official documentation that fully describes the offense, copies of relevant court documents, disposition, and current status.

Why do you wish to take this course?

Have you ever participated in an Paramedic course before? Yes No

If yes, when and where did you take the class:

The course requires time commitment not only for classroom and study time, but also, for clinical experience.

Are you prepared to make such a commitment? Yes No

The course requires good physical stamina, endurance, and the ability to lift, push, pull, reach overhead, squat, bend, kneel, climb, sit, stand, walk and carry patients and equipment.

Can you carry out these requirements? Yes No

Part of the training that is conducted requires that procedures taught in the classroom be applied by fellow students, (i.e., applying cervical collars, back boards, patient assessments, IV therapy and other skills).

Are you unwilling to allow other students to practice such skills on you? Yes No

If "YES", explain why:

How did you become aware of our Paramedic program?

I hereby affirm and declare that the information provided on this form is true and correct. I am aware that any false statements made on this application could result in rejection or subsequent revocation/discharge in the paramedic course.

Applicants Signature

Date