EMS PARAMEDIC PROGRAM APPLICATION

Application Includes:
✓ Student Application
✓ Personal Health History
✓ Student Professional References (3)

Include Copies of the Following:
☐ High School Diploma/GED or equivalent
☐ Official transcripts (High School or College)
☐ Pennsylvania State EMT Certification
☐ Current BLS CPR Card
☐ Driver’s License
☐ Personal Statement

Kierstin Boivin
Paramedic Program Coordinator
kierstin.boivin@montgomerycountypa.gov

Dr. Alvin Wang Program Medical Director
Alvin.wang@montgomerycountypa.gov

David P. Brown EMS Deputy Director
David.brown@montgomerycountypa.gov

610-278-2666

AFTER YOU SUBMIT YOUR APPLICATION

Once you submit your application to the paramedic program, it will be placed on file. You will be contacted by Montgomery County EMS Training Institute (MCEMSTI) faculty to schedule a date and time for your interview with the interview committee.
In order to achieve the paramedic technical standards, a student must be able to perform the job analysis tasks:

- Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards.
- Walk, stand, lift, carry, and balance in excess of 150 pounds without assistance, (250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.
- Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- Climb stairs, hillsides, and ladders to gain access to a patient.
- Communicate verbally in person, via telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.
- Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- Locate the scene of an emergency by reading maps and responding safely and quickly to the location as directed by the dispatcher while observing traffic ordinances.
- Perform fine motor movements while in stressful situations and under threatening time constraints.
- Perform major motor movements as required to operate the ambulance stretcher, and equipment.

**Uniform Consists of:**

- Black EMS pants (no jeans)
- School uniform shirt
- Black belt
- Black EMS shoes (tennis shoes, sneakers, or dress shoes may not be substituted for EMS footwear)
- School patch (sewn on right shoulder)
- Stethoscope and shears optional

*Some clinical sites may require a special uniform, such as the operating room will require scrubs. The program director must approve any uniform changes.*

**HOW TO PREPARE FOR INTERVIEW**

- Please come dressed as appropriate for any job interview.
- Be prepared to answer questions about yourself.
- Be prepared to discuss a common medical scenario.
To be eligible for the paramedic program, students must meet the following minimum requirements:

- Be currently certified as an EMT in the state of Pennsylvania, or EMT certification from country of origin and able to obtain Pennsylvania EMT certification.
- Must be at least 18 years of age.
- Have a current American Heart Association Basic Life Support for Healthcare Providers (CPR) card that is current. (CPR certification must be maintained current throughout the paramedic training).
- Have a valid state driver’s license.
- Have a high school diploma or GED.
- Submit a complete program application and all supporting documents.
- Show a positive appearance, motivation, and attitude (in the clinical and field internship segments, the student will be working closely with patients, nurses, physicians, and other paramedics and must maintain a high degree of professionalism).
- Successfully complete an interview with the advisory committee on the date and time provided.
- Submit a writing sample on a specific topic predetermined by the program director (writing sample will be completed as you are waiting for interview with the advisory committee).
- Be able to read minimal on a 12th grade level.
- Be able to adapt to stressful situations.

References

Please list three (3) professional references from whom your reference letters will be obtained. For professional references please use persons who have known you at least one (1) year and have knowledge of your work record and responsibilities. Do not include immediate or extended family members.

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Relationship</th>
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NON-DISCRIMINATION POLICY The Montgomery County Emergency Medical Services Training Institute (MCEMSTI), as an educational institution and as an employer, values equality of opportunity, human dignity, racial/ethnic and cultural diversity. Accordingly, The Montgomery County Emergency Medical Services Training Institute (MCEMSTI) prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. This policy applies to admissions, employment, access to and treatment by institute’s programs and activities. This is a commitment made by the institute and is in accordance with federal, state, and or local laws and regulations in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973.
# Paramedic Program

## Student Application

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<thead>
<tr>
<th>Name: (Last Name)</th>
<th>(First Name)</th>
<th>(Middle Name)</th>
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<th>City:</th>
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<th>County:</th>
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<th>Home Phone #:</th>
<th>Work Phone #:</th>
<th>Cell Phone #:</th>
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<th>Date of Birth:</th>
<th>Age:</th>
<th>Sex:</th>
<th>Citizen of US*</th>
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<td>Yes  No</td>
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*Applicants who are not citizens of the United States must complete a supplemental application for international students*

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<th>Social Security Number (Last 4#'s):  xxx   -  xx  - ______</th>
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### Emergency Contact

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<th>Address:</th>
<th>Home Phone #:</th>
<th>Work Phone #:</th>
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How did you hear about our program? ____________________________________________________________________________________________________

I have a disability that will require accommodation during matriculation through the Montgomery County EMS Training Institutes program?    Yes    No

If yes, please explain: _________________________________________________________________________________________________________________

### Education (High School, College, Post-Graduate, EMT, Other)

Transcripts from high school and college MUST either accompany this application or follow under Separate cover. Use additional paper if necessary.

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<tr>
<th>Name and Address of Institution</th>
<th>Dates Attended</th>
<th>Diploma / Degree / Certification</th>
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Have you ever applied for or been enrolled in a paramedic program?    Yes    No    If yes, where, and when?

### EMT Certification

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<th>State(s):</th>
<th>Certification Number:</th>
<th>Expiration Date:</th>
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<th>Nationally Registered:</th>
<th>Certification Number:</th>
<th>Expiration Date:</th>
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<td>Yes</td>
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<td>No</td>
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### Employment

Please list the most current employer first.

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<tr>
<th>Name / Address &amp; Phone No.</th>
<th>Supervisor’s Name:</th>
<th>Title / Date</th>
<th>Reason For Leaving</th>
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May we contact any or all of your past / current employers for references?  Yes  No

### Related Experience (Include EMS affiliations, Volunteer positions, etc.)

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Personal Health History

To be completed by the applicant.

Name (print):

Do you have a history of:

☐ Heart trouble ☐ Hypertension
☐ Tuberculosis ☐ Diabetes
☐ Physical Disability ☐ Migraine
☐ Frequent Headaches ☐ Emotional/Nervous Disorder
☐ Arthritis ☐ Seizure Disorder
☐ Learning Disability ☐ Lung Disease
☐ Persistent cough ☐ Shortness of breath
☐ Abnormal chest x-ray ☐ Have you ever smoked?
☐ Do you currently smoke? ☐ Fainting
☐ Fear of closed spaces ☐ Smothering sensation
☐ Defective vision ☐ Glasses or contacts
☐ Hearing loss ☐ Hearing aid
☐ Heat exhaustion or stroke ☐ Other conditions that might affect program performance.

If you checked any of the above, please explain:

Have you ever been treated for a back ailment or injury? 

Yes ☐ No ☐

If you marked yes, please explain:

Are you currently taking any medications? 

Yes ☐ No ☐

If you marked yes, please list the medications you are currently taking:

☐ ☐ ☐ ☐ ☐

EMERGENCY SERVICES SECTION 8113 (i)

In compliance with the Pennsylvania consolidated Statutes, Title 35 PA. CS of the Emergency Services Section 8113 (i), each applicant will be required to answer the following questions and others at the time of application to take the licensure examination:

☐ Have you ever been finally adjudicated and found guilty, or entered a plea of nolo contendere in a criminal prosecution under the laws of any state or of the United States, whether or not you received a suspended imposition of sentence for any criminal offense?

☐ Have any administrative certification actions ever been taken against your EMT certification in Pennsylvania or any other state?

IF ANY OF THESE QUESTIONS ARE ANSWERED YES, THE PENNSYLVANIA BUREAU OF EMS WILL RULE WHETHER OR NOT THE APPLICANT MAY RECEIVE A LICENSE AFTER COMPLETION OF THE PARAMEDIC PROGRAM.

I have given true, accurate and complete information on this application to the best of my knowledge. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student into the program.

Student signature (do not print):  Date:
Personal Statement

Please submit a 1–2-page essay discussing how you became interested in EMS and why you would like to pursue paramedic training. Please also include your other interests, hobbies, leadership experiences and future goals. If you need more space, please use the reverse side of this page.

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Applicant Certification

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements may result in a withdrawal of my application or dismissal from class. I authorize the institute (MCEMSTI) to make an investigation of any facts set forth in this application.

Signature

Date
Forms of payment accepted:

- Credit Card
- Cashier’s or Business check. NO PERSONAL CHECKS ACCEPTED.
- Money Orders

Credit card

To pay by credit card, please copy and paste the following link into your internet search bar and follow the prompts:


*Note-There is a fee associated with paying by credit card. *

Cashier’s checks, Business Checks and Money Orders

All made payable to: MCEMS

Checks or money orders can be mailed or delivered to:

Montgomery County EMS
1175 Conshohocken Rd
Conshohocken, PA 19428
For office use only

☐ Student Application  ☐ Official Transcripts (High School, College, or Diploma)
☐ Personal Health History  ☐ PA State EMT Certification Card
☐ Physical Examination Forms  ☐ BLS CPR Card
☐ Vaccination Records  ☐ Driver’s License
☐ Student Professional References (3)  ☐ Health Insurance Card
☐ Background Checks (3)

Received on: ____________________________  By: (initials) __________
Reviewed by: ____________________________  Date: _______________
Accepted:        Yes: ____     No: _____     Course Number: ___________________
Enrollment Package sent: ____________________  Date: ____________________