

# PARAMEDIC PROGRAM APPLICATION

**PROGRAM DESCRIPTION**: The program in Paramedicine prepares the graduate for employment as an integral part of the Emergency Medical Services. The program prepares you to be a competent entry-level Paramedic in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Paramedics are employed at private ambulance services, fire departments, emergency rooms, industrial manufacturers, oil drilling companies, and air medical helicopters. Upon completion of the program the student is granted a Technical Certificate. Near completion of the program, students sit for the National Registry of Emergency Medical Technicians written and practical exam. Upon graduation from the program and successful completion of the exam, students will be designated as a Nationally Certified Paramedic and will also be awarded the Arkansas Emergency Medical Service Provider License at the Paramedic Level.

### **ADMISSION REQUIREMENTS:**

- -All applicants must submit an Accuplacer or ACT score. *This exam must be taken within one year of application to program.* These exams may be taken twice within a calendar year.
- -The Accuplacer applicant should schedule an appointment with the testing center to complete their exam.
- -To arrange Accuplacer testing visit our website at <a href="http://www.asun.edu/testing">http://www.asun.edu/testing</a> services
- -The minimum test scores listed below are required for program entry consideration. -Students are responsible for submitting their Accuplacer or ACT test scores along with the program application. Applications that do not have passing scores attached will be judged as incomplete and will not be considered for enrollment.

ACT	Accuplacer/Next Gen	Accuplacer	
19 or higher	Writing 256 or higher Reading 256 or higher Algebra 250 or higher	Writing 69 or higher Reading 80 or higher Algebra 20 or higher	Minimum Score Requirement
	Writing 255 or higher	Writing 68 or below	Meet with an Academic Advisor
	Reading 255 or higher Algebra 249 or higher	Reading 79 or below Algebra 19 or below	

## **APPLICATION DEADLINE:**

Below is the application deadline for the Paramedic Program at Newport. Submit completed applications to: <a href="mailto:Stacey\_Garwood@asun.edu">Stacey\_Garwood@asun.edu</a>

Application Deadlines	January Entry Only
Newport Campus	November 15th

All applicants shall have equal opportunity regardless of race, age, sex, creed, religion, or nationality. Applicants with special needs due to disability must make this fact known prior to admission so that necessary accommodations can be made. Because of the nature of the profession, it may not always be possible to accommodate students with severe disabilities.

#### **ACCEPTANCE PROCEDURE:**

Students are selected into the ASUN Paramedic programs by combining Accuplacer or ACT scores for reading writing, and algebra to create an applicant's overall score. The applicant's overall score is ranked highest to lowest with other applicants to determine admission. Upon acceptance into the program students must submit evidence of the following in order to begin classes. It is the students' responsibility to submit all documents required.

- 1. Current American Heart Association (AHA) Health care Provider CPR Certification
- 2. Proof of Hepatitis B Series or a signed waiver
- 3. Proof of two MMR immunizations within your lifetime
- 4. Proof of TdaP immunization that is valid

### After initial acceptance into the program, and for final acceptance, you must:

- Attend orientation as scheduled by the Emergency Medical Technology department.
- **2.** Provide TB skin test results (Must be current for the entire program).
- **3.** Provide proof of Flu Vaccine.
- **4.** Submit to a urine drug screen which will be administered by the school.
- **5.** Pass a background check.

Random drug screening may be utilized at any time during the course of the program at the students' expense.

Near completion of the program, students sit for the National Registry of Emergency Medical Technicians written and practical exam.



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NAME	Maiden		
DATE OF BIRTH		Female	
ADDRESS	CITY		STATE
ZIPPHONE NUMBERSTUDENT ID #			
EMAIL			
PERSON TO CONTACT IN CASE OF E	EMERGENCY		
Name Relatio	nship	Phone No	
DO YOU HAVE HOSPITALIZATION OR	HEALTH INSURANCE	COVERAGE? Yes	No
**HAVE YOU EVER BEEN CONVICTE	ED OF A CRIME? Yes	No IF SO, PLEA	SE EXPLAIN
Are you a resident of Arkansas? Yes	No		
	No		
If selected for entry, can you provide proof	that you are either a U.S. C	Citizen or a permanent i	resident? Yes No
Have you ever attended a previous Emerger If yes, a letter of good standing from the previous E			
I AM WILLING TO GO TO ANY A	GENCY IN OUR SERVIO	CE AREA FOR CLINI	CAL TRAINING.
I affirm that all information supplied is reasons from the last institution attended could be cause for refusal of admission, co	l. I understand that any n	nisrepresentation of f	facts on this application
I also understand that upon acceptance into Drug testing by ASUN, its agents and affibefore entry and maintain my certification	filiated clinical sites. Als	o, I must provide pro	of of CPR Certification
The Paramedic Program at ASU-Newpo process, individual courses, and the curric the Arkansas State University-Newport Ca	culum leading to a degree	or certificate, as well	
Applicant's Signature:		Date:	

<sup>\*\*</sup> Please be advised that many healthcare facilities utilized for student clinical experiences require students to have mandatory background checks conducted and certain convictions may result in the student not being able to attend clinical at specific agencies.

Applicants to the Paramedic program will be required to submit criminal background information and drug screens