Thank you for your interest in the Paramedic Science program. We are starting another class this fall. It is required that each student is previously certified as an EMT prior to the beginning of the course. Additionally, all students must have completed APHY-101 (Anatomy & Physiology 1) successfully prior to the beginning of the course.

The EMT-Basic class will be offered in the spring and summer semesters. I would strongly advise those of you considering the program & not currently EMT certified to get your EMT-Basic certification as soon as possible.

The space for the Paramedic program is limited to 18 students. It is possible that we may have more applicants than available space. If so, I will select the top 18 candidates using a selection process that you will be informed of. You must follow both the College Admissions process and Paramedic application process.

You can improve your chances of being selected by getting your EMT certification ASAP, joining a department that will provide you with experience, and taking as many of the required General Education courses as you can.

If you will not meet the requirements for this class by the first day of class, please do not turn in the program application. You may register for classes at Ivy Tech Community College-Bloomington and declare your intended major as undeclared, but you will only be able to take the PARM 102 EMT-Basic course and General Education requirements until you are selected for the program.

Please review your application packet. Contact me at (812) 330-6122 or rtaylor90@ivytech.edu with any questions. I would be happy to advise you even if you are not able to start this fall.

DEADLINE FOR APPLICATIONS
June 30th, 2017
INTRODUCTION

The Paramedic is the pinnacle of the pre-hospital care team. They must be able to make quick decisions under moments of extreme pressure. The outcome of the patient is directly related to their ability to think and act appropriately during these emergency situations. The nature of the Emergency Medical Service (EMS) profession is that it is an uncontrolled and sometime dangerous environment. One must be able to recognize and deal with potentially volatile people and situations with the goal of providing quality pre-hospital care.

The Paramedic Science Associate of Applied Science program is designed to meet the Department of Transportation (DOT) Advanced Life Support (ALS) Paramedic provider and Indiana Department of Homeland Security requirements. The Program in addition offers the student an accredited Associate Degree for future career development. Due to the partnership with IU Health Bloomington Hospital and IU Health Emergency Medical Transport Service (E.M.T.S.), the students will be exposed to a variety of clinical settings that will give them the opportunity to gain knowledge and learn skills under the guidance of experienced professionals in a more controlled environment.

For those taking the Paramedic course for a technical certificate (Paramedic course only), you will not be precluded from completing your degree after you have completed the Paramedic course. All school standards for admission and degree track will be as specified within the Associates of Applied Science Program.

Students will learn to perform advanced airway procedures, administer medications and intravenous solutions, interpret cardiac rhythms and use a defibrillator as well as perform minor surgical interventions. Skills will first be learned in a laboratory setting, and when proficient, skills will be utilized in a clinical setting with supervision. Ultimately skills will be utilized in a field setting under the supervision of a Paramedic preceptor. Only after completing these steps will the student be placed in a position that will test their ability to make decisions and perform skills in the field with an evaluator present.

PROGRAM GOALS

The Paramedic Science Program is designed to:

- Prepare the graduate to fill the role of pre-hospital team leader and medical team member in the delivery of quality pre-hospital health care.

- Prepare the graduate to be a productive, responsible, and upwardly mobile employee in the ever-changing EMS industry.

- Promote ethical behavior, caring and empathetic patient relations, and professionalism within EMS.

- Provide a learning environment, which emphasizes quality patient care, professionalism, and a caring attitude by its faculty.
PROGRAM OBJECTIVES

Cognitive Domain
Upon completion of the program, the student will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their role as EMT-P practitioners.

Psychomotor Domain
Upon completion of the program, the student will demonstrate the technical proficiency in all skills necessary to fulfill the role as EMT-P practitioners.

Affective Domain
Upon completion of the program, the student will demonstrate personal behaviors consistent with professional and employer expectations for the EMT-P practitioner.

ADMISSION

*It is important to understand that your admission to the College is separate from your admission into the Paramedic program.*

**Admission Criteria for College Admission** – Submitted to Admissions Department
1. Application for Admission
2. Official high school transcript or GED score sheet
3. Official college/university transcripts to insure course transfer
4. ACCU-PLACER assessment scores or documentation of ability to waive the assessment
5. Registration in or completion of Academic Skills Advancement (ASA) classes required as per assessment scores with final grade of “C” or higher
6. Transfer, readmission, or international student procedures

**Admission Criteria for Admission to Paramedic Sciences** – Submitted to Paramedic Program Chair

**Read and complete the Paramedic Science Program Application (starting page 9)**
1. Copy of current Indiana EMT certification
2. Current American Heart Association (AHA) CPR Healthcare Provider card
3. Copy of valid Indiana Driver’s License
4. Successful completion of APHY 101 or equivalent transfer credit

**For all Health Sciences Students (after admission to the program)**
1. Physical health form and immunizations completed prior to the start of clinical
2. Successful completion of background check as per clinic requirement.
3. All mandatory training completed prior to clinical (including but not limited to):
   a. Exposure and Blood borne pathogen training
   b. HIPPA and patient confidentiality

**Note:** It is advantageous for the student considering a career as a Paramedic to have at least one year of experience in EMS as a BLS provider (EMT/First Responder). This can be accomplished through a local volunteer fire department or rescue squad after gaining your EMT certification, or working for a BLS transport EMS provider.

**SELECTION TO THE PARAMEDIC PROGRAM**
All applications will be reviewed for completion when received. Information on applications will be checked and verified. Applicant will be interviewed and given opportunity to clarify any questions they may have. All applicants will be notified of acceptance prior to semester start. If there are more applicants than available
spots, applications will be ranked using a selection process that will be available upon request. Applicants will be given 10 days after being notified of acceptance to confirm their intent to enter the program, after which their spot in the class will be offered to the next candidate. Questions or further information: Contact Rodney Taylor at 330-6122 or rtaylor90@ivytech.edu

Applications should be sent to: Rodney S. Taylor, MBA, EMT-P, PI Paramedic Science Program Chair Room D-114a Ivy Tech Community College 200 Daniels Way Bloomington, IN 47404-9772
**ESSENTIAL FUNCTIONS REQUIREMENTS FOR PARAMEDIC STUDENTS**

Qualified applicants are expected to meet all admission criteria and prerequisites, as well as, these essential abilities (technical standards) with or without reasonable accommodations. Students requesting accommodations to meet these criteria must inform the Program Chair in writing of the need for accommodations at the time of admission to the Paramedic program or at the time of registration for the EMT-B course and must provide appropriate documentation to Disability Services.

<table>
<thead>
<tr>
<th>Task</th>
<th>Weight (lbs)/Reach</th>
<th>% of Time</th>
<th>Description Tasks</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying</td>
<td>250 lbs</td>
<td>60%</td>
<td>Carry patient from scene to ambulance</td>
<td>With assistance of 1 or 2 additional persons</td>
</tr>
<tr>
<td>Hearing/Speaking</td>
<td></td>
<td>100%</td>
<td>Listening and communicating with patients and personnel</td>
<td>Must have excellent communication skills</td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td>100%</td>
<td>Performing patient care and driving skills</td>
<td>Corrected to 20/20 Vision</td>
</tr>
<tr>
<td>Lifting</td>
<td>250 lbs</td>
<td>60%</td>
<td>Lifting patients from ground to stretcher</td>
<td>With assistance</td>
</tr>
<tr>
<td>Pulling/Pushing</td>
<td>250 lbs</td>
<td>60%</td>
<td>Pull or push stretcher to ambulance</td>
<td>With assistance</td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
<td>25%</td>
<td>Completion of run reports</td>
<td>Writing</td>
</tr>
<tr>
<td>Eye/Hand Coordination</td>
<td></td>
<td>100%</td>
<td>Writing, run reports, driving, patient care skills</td>
<td>Sometimes in adverse weather and light conditions</td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td>75%</td>
<td>Patient care at scene and in hospital</td>
<td>Sometimes in adverse weather</td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td>75%</td>
<td>Patient care at scene and in hospital</td>
<td>Sometimes in adverse weather</td>
</tr>
<tr>
<td>Bending/Stooping/Squatting</td>
<td>250 lbs</td>
<td>60%</td>
<td>Lifting and moving equipment and patients</td>
<td>With assistance</td>
</tr>
<tr>
<td>Special Requirements: (i.e., Climbing, Cleaning, Driving, Crawling, One-handedness, etc.)</td>
<td></td>
<td>80%</td>
<td>Must drive ambulance, climbing, crawling, etc. occurs while performing rescues</td>
<td>Considerable physical and mental effort in duties requires judgment and perception and normal use of all limbs, eyes and ears, heaving lifting required</td>
</tr>
</tbody>
</table>
ADDITIONAL INFORMATION

It is strongly recommended that Paramedic Science Program applicants use appointment manager on-line or contact the Program Chair at (812) 330-6122 to make an appointment to meet and review the admissions and selection process.

If you have recently moved or had a name change, a Change of Information form must be completed. Forms are available at the Registrar’s Office in Student Affairs.

CLINICAL REQUIREMENTS

Services are now requiring criminal background checks and random drug testing. Failure to submit to / or pass these requirements will be grounds for exclusion / failure of the program.

DISABILITY SERVICES INFORMATION

“Disability Support Services exist to ensure that all students have the opportunity to learn to their fullest abilities. Services provided by the Office of Disability Support Services includes note takers, interpreters, scribes, arranging optimum classroom seating (both placement and types of chairs and desks), enlarged print books, extended testing times, counseling, and referrals to appropriate community agencies.

Reasonable accommodations for person with disabilities will be made to ensure access to academic programs services and employment in accordance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. College programs and facilities are designed to be accessible to students with disabilities. Each campus has designated parking and special restroom facilities for these students. Support services also will aid students with disabilities with career planning, financial aid, personal counseling and placement. The College staff works with the Department of Vocational Rehabilitation and other service agencies to assist students with disabilities through available local community resources.”

(https://www.ivytech.edu/studentaffairs/disabilserv/)

The Ivy Tech Community College – Bloomington Disability Services Contact:

Amy Mobley
Room A143
(812) 330-6046
Paramedic Science Program  
Ivy Tech Community College – Bloomington

Application process:

1) Register and fulfill general admission requirements of Ivy Tech Community College
2) Read specific admission requirements for Paramedic sciences and complete application
3) Must attach appropriate documentation to application
   a. Photocopy of EMT certification
   b. Photocopy of CPR Healthcare Provider card
   c. Photocopy of valid Indiana Drivers license

Selection Process:

All applications must be complete or they will not be considered in the selection process.

All applications that meet prerequisites will be ranked by points earned ad indicated by Selection Guidelines.

Only the top ranking 18 candidates who have completed all prerequisites will be selected.

Applicants will be given 10 days after being notified of acceptance to confirm their intent to enter the program, after which their spot will be filled with the next ranking candidate.

There will be no waiting list. Any candidates who are not selected will have to reapply, in total, the next year.

For questions, or further information contact:

Rodney S. Taylor, MBA, EMT-P, PI
Paramedic Science Program Chair
Ivy Tech Community College
200 Daniels Way
Bloomington, IN 47404-9772
Phone: 812-330-6122
Rtaylor90@ivytech.edu
Paramedic Science Program Selection Process
Ivy Tech Community College Bloomington

This process will be used if the amount of qualified candidates exceeds the clinical space availability of the program.

Experience: EMS experience (First responder, EMT-B, or EMT advanced)

- 5 points/year (25 points maximum)

Required Gen Ed. Courses:

- 2 Points/course for C
- 4 points/course for B
- 6 points/course for A

*Transfer credits without grades or CLEP credits will be assigned 2 points/course

Other related certification:

- 4 points/year for EMT-A or I, LPN, RN (20 points maximum)
- 2 points/each current advanced certification*
- 4 points/each instructor certification*

Any ties for entry will be decided by the earlier date of application

Note: No points for experience or certification will be granted without documented proof and verification by issuing organizations

*Certifications must be healthcare or prehospital related (this includes some fire service related training such as ACLS, PALS, BTLS/ PHTLS, Hazmat Technician etc.)
Paramedic Science Program Selection
Check off sheet

___ Application for admissions approved
  ❖ High School Transcripts or GED Scores
  ❖ ACCUPLACER Test or Waiver
___ Paramedic Program Application completed
___ Developmental courses completed/waived
___ Current copy of Indiana EMT-Basic/Advanced Certification.
___ Current copy of CPR Health Care Provider or Professional Rescuer card
___ Copy of valid Indiana Operators License

___ Experience as First Responder _________________________ #years____  _____
___ Experience as EMT __________________________________ #years____  _____
___ Gen. Ed courses
  ___ IVTC XXX Success Skills*                     Grade ________  ______
  ___ APHY 101 Anatomy & Physiology I *            Grade ________  ______
  ___ APHY 102 Anatomy & Physiology II              Grade ________  ______
  ___ ENGL 111 English Composition                  Grade ________  ______
  ___ MATH 1XX (Inter. Algebra or higher)           Grade ________  ______
  ___ COMM 1XX Communications elective             Grade ________  ______
  ___ XXXX XXX Psychology / Sociology elective      Grade ________  ______
___ Copies of other related certification (attached to application)
  ❖ Advanced EMT, LPN, RN  # Years____  ______
  ❖ ACLS, PHTLS, BTLS, PALS, NOLS                  ______
  ❖ Instructor in any above or CPR  # Years____  ______

*Prerequisites to be completed prior to starting Paramedic courses
Paramedic Science Program Application
Ivy Tech Community College – Bloomington Campus

This information will be used in the process of selection to the program.
The information will be retained in the student file and will not be disclosed to any other source
without written student permission.

Date:_________________   Drivers License Number:__________________________

Last Name:_________________________ First, MI________________________

Street Address:____________________________________________________________________

City:_________________________ State: ______ Zip: __________

Home Phone: (______)_________________ Cell Phone: (______)_________________

E-mail address:____________________________________________________________________

Other contact:_____________________________________________________________________

IVY TECH “C” number or date of birth_____________________________________________________________________

Emergency Contact

Name:_________________________ Relationship:_________________________

Address:____________________________________________________________________

Phone: (______)_________________ Cell: (______)___________________

Other contact:____________________________________________________________________

Certifications
(Attach copies)

AHA-CPR Healthcare Provider Card Expiration date:_________________________

Indiana EMT Cert. No: ___________________________ Expires: ______________

Other Certs (BTLS, PHTLS, PALS, Fire or Rescue) with expiration dates:
____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Education History

High School attended: _______________________________________________________
City: _____________________________ State: ________________

EMT course attended: _______________________________________________________
City: _____________________________ State: ________________
Instructor: __________________________
Date attended: ___________ to ___________ Date certified: ________________

Higher Education: _________________________________________________________
City: _____________________________ State: ________________
Field of Study: __________________________ Degree: ______________________

Additional Education: _____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(You must provide proof of Educational background)

Personal History
(Read carefully, but no response required)

Have you ever been convicted of a felony?

Are you currently on Probation or have any legal restrictions?

Is your (or has it ever been) Indiana Operators (Drivers) license suspended or restricted?

Are you legally unable to administer Narcotics due to probation or court restriction?

*If you can answer yes to any of these questions you may not be able to attend any of the clinic sites, be certified upon completion, or find employment. These are issues that should be clarified through the State and NREMT by you before applying for this program.
Employment History

Most Recent Employer: ___________________________________________________

Street Address: __________________________ City/State: ______________________

Supervisor: ___________________________ Phone: _______________________

From: _______ To: _______ Reason for Leaving: ____________________________

_____________________________________________________________________

Next Employer: ________________________________________________________

Street Address: __________________________ City/State: ______________________

Supervisor: ___________________________ Phone: _______________________

From: _______ To: _______ Reason for Leaving: ____________________________

_____________________________________________________________________

Next Employer: ________________________________________________________

Street Address: __________________________ City/State: ______________________

Supervisor: ___________________________ Phone: _______________________

From: _______ To: _______ Reason for Leaving: ____________________________

_____________________________________________________________________

Next Employer: ________________________________________________________

Street Address: __________________________ City/State: ______________________

Supervisor: ___________________________ Phone: _______________________

From: _______ To: _______ Reason for Leaving: ____________________________

_____________________________________________________________________

Please Note:

Your application will be verified; omissions and falsifications will not be acceptable.
PLEASE READ CAREFULLY

I certify that all information given by me on this application is correct and that any misstatement of fact is grounds for rejection or immediate dismissal from program.

I also give permission for Ivy Tech Community College –Bloomington to take whatever steps are necessary to verify the information I have given them.

I also understand that my admission and continuation in the program is contingent on my fulfillment of all program requirements.

I will not hold Ivy Tech Community College –Bloomington or any of its agents responsible for my failure to provide information or fulfill my obligations for acceptance or completion of this program.

Signature of Applicant: ____________________________ Date: __________

Witness: ____________________________ Date: __________

Please return this completed application to:
Rodney S. Taylor
Paramedic Science Program Chair
Ivy Tech Community College
200 Daniels Way
Bloomington, IN 47404-9772
Please answer the following questions:

Why do you want to become a paramedic?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What experience (if any) do you have?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are your goals after completing the course?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

During the course of the program, you may be subjected to very stressful situations (example - car accident with a child fatality) in the clinical setting. How would you handle these situations?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________