

# EmergencyCare – UPMC – CEM Paramedic Training Consortium

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[www.EmergencyCare.org](http://www.EmergencyCare.org)



## Paramedic Training Program Admission's Checklist

**Instructions:** The following is a list of required items you need to provide to us in order for you to be considered for admission into the 2018 Paramedic Training Program. As you obtain each item please check it off of the list and ensure that it is included with your application packet when submitting your packet to the EmergencyCare Education Department. **Please note:** Any application packet submitted without all requested items will be considered incomplete and will be returned to you.

**The deadline to apply for this year's program is 4:00pm on Friday, August 31, 2018.**  
**All applicant packets must be received by this date/time in order to be considered for the program.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Contact Phone #

- ☐ Completed Application for Admission
- ☐ \$35.00 Non-Refundable application fee in the form of check or money order made payable to *EmergencyCare*
- ☐ Letter of Personal Statement explaining why you want to be a Paramedic
- ☐ Copies of the following:
  - ☐ Current PA DOH EMT certification card. (Front and back)
  - ☐ Current Healthcare Provider CPR card. (Front and back)
  - ☐ Current Driver's License (Front and Back)
  - ☐ High School Diploma or GED (An official Transcript can be submitted in lieu of Diploma or GED)
- ☐ Letter of Recommendation from a personal reference who is not a member of your immediate household
- ☐ Completed Letter of Evaluation Form from a current or previous EMS Supervisor or Chief.

**PLEASE DO NOT WRITE IN THIS AREA  
FOR ADMINISTRATIVE USE ONLY**

Application Complete: \_\_\_\_ Date Received: \_\_\_\_ Interview Scheduled: \_\_\_\_ Entrance Exam Completed: \_\_\_\_



# *EmergyCare-UPMC-CEM* Paramedic Training Program



## *Application for Admission*

### **APPLICATION PROCEDURES**

All persons who wish to apply for admission into the *EmergyCare-UPMC-CEM* Paramedic Training Program must complete an Application for Admission and submit it with all required documentation and the application Fee. A complete list of entrance requirements and required documentation can be found on the back of this page.

### **APPLICATION FEE**

All applicants are required to submit a \$35.00 **NON-REFUNDABLE** application processing fee that **MUST** accompany your completed application for admission. The application fee is a one-time only fee and **MUST** be submitted in the form of a check or money order made payable to: *EmergyCare*.

### **BEFORE SUBMITTING THIS APPLICATION, PLEASE BE SURE YOU:**

1. Completed your application legibly and in its entirety.
2. Included all of the required documentation listed on the back side of this page.
3. Enclose your NON-REFUNDABLE \$35.00 application fee in the form of check or money order payable to: *EmergyCare*.

SUBMIT TO: *EmergyCare*

Attn: Education Department  
1701 Sassafras Street  
Erie, PA 16502

YOUR APPLICATION PACKET MUST BE COMPLETE AND INCLUDE ALL REQUESTED DOCUMENTATION WHEN YOU SUBMIT IT. INCOMPLETE PACKETS WILL NOT BE ACCEPTED FOR ADMISSION CONSIDERATION.

# Requirements for Admission

## Requirements to Apply

In order to apply for admission into the *EmergyCare*-UPMC-CEM Paramedic Training Program, an applicant must meet the following criteria.

- Be at least 18 years of age.
- Possess a valid EMT certification from the PA Dept. of Health, Bureau of EMS.
- Possess a valid Healthcare Provider level CPR card.
- Be able to pass the following criminal history background checks:
  - Act 34 PA State Criminal History Record check
  - Act 114 PA Cogent Finger Printing FBI Criminal History check
  - Act 151 PA Dept. of Public Welfare Child Abuse History check

## Required Documentation

The following is required in order for an applicant to be considered for admission into the *EmergyCare*-UPMC-CEM Paramedic Training Program.

- Completed Application for Admission.
- Completed Letter of Evaluation form (enclosed) by your current or previous EMS Supervisor/Chief.
- Letter of Recommendation from a personal reference who is not a member of your immediate household.
- Letter stating why you want to be a paramedic. Letter should include current & future career goals, any honors or awards you may have received and what general EMS experience and background you have.
- Copies of the following:
  - Current PA DOH EMT card. (Front and back)
  - Current Healthcare Provider Level CPR card. (Front and Back)
  - Current Driver's License (Front and Back)
  - High School Diploma or GED

## Application process

Individuals applying for admission into the *EmergyCare*-UPMC-CEM Paramedic Training Program should submit all of the required documentation along with the \$35.00 NON-REFUNDABLE application fee to:

*EmergyCare*  
Attn: Education Department  
1701 Sassafras Street  
Erie, PA 16502

Once your application is received, and reviewed, you will be contacted to set up a time to complete a face to face interview and pre-admission testing.

## Cost of the Program

Tuition to attend the *EmergyCare*-UPMC-CEM Paramedic Training Program is \$7,500.00. The full tuition amount is due no later than 5 business days before the first class.

## Refund Policy

Students who voluntarily withdraw from the program will, upon written request to the Program Director, be granted a pro-rated refund of any paid tuition follows:

- Prior to the start of the program.....90% of paid tuition
- During weeks 1 and 2 of the program.....70% of paid tuition
- During weeks 3 and 4 of the program.....50% of paid tuition
- Beyond the end of the 4<sup>th</sup> week..... No refund is given

# Application for Admission

Please complete the following information as accurately as possible.  
All information being requested is required for admission.

## Personal Information

_____	_____	_____	_____
Last Name	Suffix(Jr, Sr, etc.)	First Name	Middle Initial
_____	_____	Your Social Security Number and DOB are required for registration with the PA Dept. of Health Bureau of EMS. To protect your privacy, your information will be kept confidential and used only for official purposes.	
Social Security Number	DOB (MM/DD/YYYY)		
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Gender (M or F)	Primary Phone Number	Alternate Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	
County of Residence	Driver's License Number	Driver's License State	

## Education Background

Do you have a H.S. Diploma or GED <u>Yes / No</u>		If yes, what year did you graduate/complete GED: _____	
(Circle One)			
If you did not graduate from H.S., what is the highest level of Education Completed: <u>9 10 11 12</u>			
		(Circle One)	
Did you go to College: <u>Yes / No</u>		If yes, what is the highest level of college completed: <u>Year 1 2 3 4 4+</u>	
(Circle One)		(Circle One)	
Please list all Colleges, Business or Technical Schools Attended			
Name of School	Degree/Diploma Earned	Area of Study	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

## ***Emergency Medical Service Experience***

PA DOH EMT Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How long have you been an EMT: From \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY) (Years) (Months)

Do you currently, or have you in the past, worked or volunteered for an EMS Agency: Yes / No

If you answered yes to the previous question, please list all of the agencies in which you have obtained EMS Experience.

Agency Name	Agency Type (i.e. Vol / Paid)	Dates Involved (Start Mo/Yr – End Mo/yr)	Average # of calls agency received per year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional EMS/Rescue training/special certifications you have

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm and declare that the information I have provided on this application is true and correct and that any fraudulent entry maybe considered a sufficient cause for rejection or subsequent dismissal.

\_\_\_\_\_  
**Signature**

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

### **Non-Discrimination Policy**

The *EmergeryCare*-UPMC-CEM Paramedic Training Program is committed to providing equal opportunity in admission and treatment of students without regard to race, color, religious creed, ancestry, national origin, handicap or disability, age, sex, marital status, familial status, sexual orientation, status as a disabled veteran or veteran of the Vietnam era and does not subject applicants or students to unlawful discrimination in the admission process.