

EmergencyCare – UPMC – CEM Paramedic Training Consortium

1926 Peach Street Erie, PA 16502
P (814) 870-1010 F (814) 870-1910
www.emergencycare.org



Paramedic Training Program Admission's Checklist

Program: Spring 20 – Spring 21

Instructions: The following is a list of required items that must be submitted with your completed enrollment application in order to be considered for admission into the Paramedic Training Program. As you obtain each item, please check it off the list and ensure it is included with your application packet when it is submitted to the EmergencyCare Education Department. **Please Note:** Application packets submitted without all requested items are considered incomplete and will be returned to the applicant.

**The deadline to apply for the Spring 20-Spring21 program is 4:00pm on Friday October 18, 2019.
All application packets must be received by this date / time to be considered for program admission.**

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
- 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 of Chief

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
- High School Diploma or GED (An official Transcript can be submitted in lieu of Diploma or GED)

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

Date Received: _____ Application Packet Complete: _____ Interview Date/Time: _____

EmergencyCare-UPMC-CEM Paramedic Training Program



Application for Admission

APPLICATION PROCEDURES

All persons who wish to apply for admission into the **EmergencyCare-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: **EmergencyCare**.

BEFORE SUBMITTING THIS APPLICATION, PLEASE BE SURE YOU:

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

SUBMIT TO: *EmergencyCare*

Attn: Education Department
1926 Peach 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, and applicant must meet the following criteria.

- Be at least 18 years of age.
- Be a High School Graduate or equivalent.
- Possess a valid EMT certification from the PA Dept. of Health, Bureau of EMS.
- Possess a valid Healthcare 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 for an applicant to be considered for admission into the *EmergyCare-UPMC-CEM* Paramedic Training Program.

- Completed Application for Admission.
- \$35.00 Non-Refundable application fee in the form of check or money order made payable to *EmergyCare*.
- Letter of Personal Statement explaining why you want to be a Paramedic.
- 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.
- Copies of the following:
 - Current PA DOH EMT certification card (Front and Back)
 - Current Healthcare level CPR card (Front and Back)
 - Current Driver's License
 - High School Diploma or GED (An official Transcript can be submitted in lieu of Diploma or GED)

APPLICATION PROCESS

Individuals applying for admission into the *EmergyCare-UPMC-CEM* Paramedic Training Program should submit all required documentation and the \$35.00 Non-Refundable application fee to:

EmergyCare
Attn: Education Department
1926 Peach 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 plus applicable fees. For a Tuition Payment Schedule, and a detailed explanation of all associated costs, please refer to page 4 of the program brochure.

REFUND POLICY

Upon written request for a refund, a student who withdraws from the course and meets the refund eligibility requirements may be eligible to receive a partial refund of tuition paid. For a detailed explanation of the programs refund policy and eligibility requirements, please refer to page 5 of the program brochure.

Application for Admission

Please complete this application and provide all requested information as accurately as possible. All information being requested is required for admission consideration.

PERSONAL INFORMATION

_____	_____	_____	_____
Last Name	Suffix (Jr, Sr, II, III)	First Name	Middle Initial
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Gender (M or F)	DOB (MM/DD/YYYY)	Phone Number	Email Address

EDUCATION BACKGROUND

Do you have a H.S. Diploma or GED? Yes NO If yes, what year did you graduate/complete GED? _____

If you did not graduate from H.S., what is the highest level of Education Completed: 9 10 11 12

Did you go to College? Yes NO If yes, what is the highest level of college completed? Year 1 2 3 4 4+

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 certified as an EMT? _____ to _____ Total: _____
MM/YYYY MM/YYYY Years Months

Do you currently, or have you in the past, worked or volunteer for an EMS Agency? YES NO

If you answered yes to the previous question, please list all 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 and or 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 *EmergyCare-UPMC-CEM* Paramedic Training Program is committed to providing equal opportunity n admission and treatment of students without regard to race, color, religouis creed, ancestry, national orgin, 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

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Letter of Evaluation

Applicant Information (Please print or type all sections)

Applicant's Last Name

Applicant's First Name

Applicant's Middle Name

Waiver Statement/Family Education Rights and Privacy Act of 1974

To the Applicant:

Under provision of this Act you have the right after you are enrolled at the *EmergencyCare-UPMC-CEM* Paramedic Training Consortium to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right by checking the box with your decision and signing your name below.

- I **Waive** any right of Access that I may have to this recommendation form.
- I **DO NOT** Waive any right of Access that I may have to this recommendation form.

Applicant Signature: _____ Date: _____

Evaluator

The applicant cannot be considered until this evaluation is on file at the *EmergencyCare-UPMC-CEM* Paramedic Training Consortium.

Because federal legislation has granted students and former student's access to evaluations such as this an evaluation can be taken in confidence only if waiver of the right of access is signed by the applicant.

In its consideration of each applicant the Admissions Committee places particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. The committee urges you to be as specific and candid as possible, citing any particular incidents that illustrate the applicant's maturity, purposefulness and initiative. Particular attention should be paid to analytic or quantitative ability of the applicant.

The committee realizes that considerable time and effort may be involved in preparing this evaluation and greatly appreciates your help. Thank you for taking the time to tell us about this applicant. A delay in the submission of this evaluation could lead to the applicant's not being considered for admission.

PLEASE SEAL THE COMPLETED EVALUATION IN AN ENVELOPE AND RETURN IT TO THE APPLICANT

PLEASE PRINT ALL INFORMATION LEGIBLY

Evaluators Name

Date

Evaluators Position/Title

Organization

Organization Address

Evaluators email address

How long have you known the applicant? _____ years _____ months

Under what circumstances have you known the applicant? _____

Please comment on the applicant:

Maturity	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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Please write comments in the box below:

Motivation	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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Please write comments in the box below:

Altruism	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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Please write comments in the box below:

Life Experience	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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Please write comments in the box below:

Clarity of Career Goals	Poor <input type="checkbox"/>	Below Average <input type="checkbox"/>	Average <input type="checkbox"/>	Above Average <input type="checkbox"/>	Outstanding <input type="checkbox"/>
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Please write comments in the box below:

- I strongly recommend that this applicant be admitted to the Paramedic Program.
- I recommend that this applicant be admitted to the Paramedic Program.
- I recommend with some reservation that this applicant be admitted to the Paramedic Program.
- I do not recommend that this applicant be admitted to the Paramedic Program.

My Reservations with recommending this applicant are:

Evaluators Signature

Date