

Robert and Freda Brown
Paramedic Emergency Health Science Program: Application

Name: _____

Attach this sheet as a cover page for the application.

- Completed Application
- Copy of current NREMT and/or New Jersey EMT certification (front and back or PDF format)
 - New Jersey EMT certification **MUST** be obtained prior to the start of clinical rotations
- Copy of current Basic Life Support (BLS) for the Healthcare Provider CPR card (front & back)
- Copy of valid state driver's license (front & back)
- Current copy of your driver's abstract
 - This information can be obtained via the web at: https://emvc.state.nj.us//MVC_DVRAR/AVSStart.jsp
- Unofficial copy of current college transcripts from all institutions of higher learning (official copies must be sent directly to the Registrar's Office)
- Copy of high school diploma
- Two (2) Recommendation Letters

Contact Information:

Robert & Freda Brown
Paramedic Emergency Health Science Degree Program
UCNJ Union College of Union County, NJ
908-412-4917
225 Roosevelt Avenue, Plainfield, NJ 07060
Paramedic@ucc.edu

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General Information Regarding the Application Process:

1. Visit <http://www.ucc.edu/academics/programs/paramedic.aspx> and read all of the pages associated with the paramedic program before completing this packet.
2. Read all the information provided in this packet.
3. Follow the directions outlined in this packet.

Application Procedures:

1. Paramedic Program and College admissions are two separate application processes.
2. Complete this packet in its entirety and return with the complete package with all required documentation as a single PDF document via email to Paramedic@ucc.edu with the email title "Paramedic Program Application-Your Name" or by mail to:

Robert & Freda Brown Paramedic Emergency Health Science Degree Program
UCNJ Union College of Union County, NJ
225 Roosevelt Avenue
Plainfield, NJ 07060

3. Applications will not be considered until all required documentation is received.
4. Qualified applicants will be selected on a first come, first serve basis.
5. Qualified applicants will be required to do a mandatory EMT skill screening session. The session will include cognitive and practical assessment.

Pre-Requisites for Admissions:

1. **Current NREMT and/or NJ EMT license and Basic Cardiac Life Support (BLS/CPR) certification:** All students must maintain current NJ EMT certification and BCLS certification through the entire Paramedic Program process. If your EMT certification will expire before the end of the paramedic program - complete ALL required recertification CEU's PRIOR to starting the program.
2. **General Education Course Credits:** All students entering paramedic didactic courses must have the following prerequisites completed prior to beginning paramedic education:
 - Communications: ENG 101 (3 credits)
 - Mathematics: MAT 113 – Math Application (3 credits) * or higher-level math course
 - Science: Bio 105– Biology Anatomy & Physiology I with lab (4 credits)
 - Social Science: PSY 101 - General Psychology (3 credits)

The following courses must be completed parallel to paramedic education:

Communications: ENG 102 (3 credits)
Science: Bio 106 –Anatomy & Physiology II with a lab (4 credits)

Only course work completed at an accredited institution is eligible for transfer. All courses must have an achieved grade of "C" or better.

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Orientation Information:

A mandatory orientation session will be held for all accepted students. The date is be announced alongside acceptance letters and will be held during the Fall semester preceding the start of each Paramedic Cohort.

The following items must be bought to orientation:

- A copy of current NREMT or NJ EMT license and BLS/CPR certification cards (front and back)
- Copy of a photo ID

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Personal Information		
Name:	Date:	
NJ EMT certification #:	DOB:	
Home address		
City, State, and Zip Code		
Home Phone:	Mobile Number:	Email Address:
US Citizen?		
Have you ever applied to Paramedic School before?		If yes – where and when
Education		
High School (Name, City, State):		
Graduation Date:		
Business or Technical School:		
Dates Attended:	Degree, Major:	
Undergraduate College:		
Dates Attended:	Degree, Major:	
Graduate School:		
Dates Attended:	Degree, Major:	
References		
Current Mobile Healthcare Department Officer/Supervisor		
Mobile Healthcare/Emergency Department Clinician Reference		
Non-Mobile Healthcare Reference (no relatives)		
EMS Affiliation/Experience		
Semester applied for:	EMS Affiliation:	
BLS/CPR expiration:	EMT expiration:	Years of EMS experience:
PHTLS:	Other certifications:	
Other:		
FOR OFFICE USE ONLY		
Date Interviewed:		

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EMT Experience

Organization	City/State	Dates: From/To	Avg. # Pt. Cases/week

Employment History

Dates (FROM-TO)	Employer	Position	Supervisor	Telephone

Military

Rate and Rank (Leave blank if not applicable)	Branch
Dates (FROM-TO)	Specialty

Medical

Do you have any physical, mental, and/or emotional impairment / disease that could reasonably be expected to impair your ability to function as a paramedic (see job description at info.csc.nj.gov/jobspec/01724.htm)?
 (Circle) **YES** **NO**

If YES, Please Specify:

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Questions

Please provide brief responses to the following questions

1. Why do you want to become a paramedic?

2. What are your other skills, interests, and hobbies?

3. What are your immediate career goals upon graduation?

4. What are your long-range professional goals?

5. How did you learn about the UCNJ Paramedic Program?

6. Why did you select the UCNJ Paramedic Program?

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Essay Question

Choose one of the following questions and answer the question in 200 words or less.

1. Describe a situation in which you demonstrated an ability to assume responsibility and make a difficult decision. The situation should relate to your interest in becoming a Paramedic.
2. What is (are) your passion (s) in life?

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Yes <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been charged, convicted, placed on probation, entered into a pre-trial intervention (PTI) program or entered into a plea bargain in connection with a violation of law under any state, the federal government, or any other jurisdiction, other than a minor traffic violation?
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Yes <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrender a health care licensure in any state or to an agency authorizing the legal right to work?
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If you answered “yes” to the above question, you will need to provide official documentation that fully describes the offense, current status and disposition of the case before sponsorship can be offered.

I hereby affirm the above statements and the information provided is true and correct

I understand that any misstatements, omission or misleading information given in my application or interview or in connection with other records related to the hospital acceptance process or applying for paramedic school may result in the rejection of my application, the withdrawal of any offer of sponsorship and my dismissal from both sponsorship and the paramedic program.

I authorize an investigation of all statements contained in this application for sponsorship. The investigation may include obtaining information from the National Practitioner Data Bank. I release from all liability and responsibility; all persons or entities requesting or supplying information about any information provided on this application, including my present employer. I authorize the hospital sponsor that I am applying and UCNJ Paramedic Director to conduct a check into both my criminal conviction record and driving history.

I acknowledge that any offer of sponsorship is contingent upon proof of all required documentation of pre-placement medical examination and/or inquiry. Such medical exam and/or inquiry may include a pre-placement drug test. My offer of sponsorship may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation or if threat of substantial harm to myself or others.

As a condition of my sponsorship, I agree to waive my right to a jury trial in any action or proceeding related to my sponsorship or the termination of my sponsorship, I am waiving my right to jury trial voluntarily and knowingly and free from coercion.

I understand that I have a right to consult with a person of my choosing, including an attorney, before signing this application.

I understand that if I am offered sponsorship by the hospital and I am not guaranteed employment. My sponsorship is an “at-will” relationship which means that I can voluntarily end my sponsorship or be terminated at any time.

Applicant’s Signature: _____ Date: _____

Applicant’s Printed Name: _____