

Paramedic Emergency Health Science Program: Check Sheet

Name: _____

Attach this sheet as a cover page for the application.

- Completed Application
- Copy of current New Jersey EMT-B card (front & back)
- Copy of current Basic Life Support for the Healthcare Provider CPR card (front & back)
- Copy of valid state driver's license (front & back)
- Current copy of your driver abstract
 - This information can be obtained via the web at:
https://emvc.state.nj.us//MVC_DVRAR/AVSStart.jsp
- One (1) copy of current unofficial Union County College transcript.
- 3 Recommendation Letters
 - One from a current EMS agency officer or supervisor
 - One from a current or actively working certified Paramedic, MICN, Emergency Nurse or Physician
 - One from a non-EMS source (other than a relative)

Clinical Sponsor Site Choice

First Choice _____

Second Choice _____

Third Choice _____

Paramedic Emergency Health Science Program: Application

Contact Information:

Jessica Dean
UCC Plainfield Campus
908-412-3551
Jessica.dean@ucc.edu

General information regarding the application process:

1. Visit http://onlinecatalog.ucc.edu/preview_program.php?catoid=5&poid=794 and read all of the pages associated with the paramedic program before completing this packet.
2. Read all of 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 required documentation to the Paramedic Program Director at Union County College, 225 Roosevelt Avenue, Plainfield, New Jersey 07060.
3. Applications will not be considered until all of the required documentation is received.
4. Qualified applicants will be selected on a first come, first serve basis. Invitations to follow for Interview.
5. Qualified applicants will be required to do a mandatory EMT skill screening session. The session will include cognitive and practical assessment.
6. You are required to obtain hospital sponsorship in order to be admitted to the Paramedic program. This is in accordance to N.J.A.C. 8:41A.
7. Sponsorship will be obtained through Union County College application process. Indicate your top three choices on this application. You will be contacted directly by the clinical site for interview.

Paramedic Emergency Health Science Program: Application

Pre-Requisites for Admissions:

1. **Current EMT and CPR certification:** All students must maintain current NJ EMT and CPR certification through the entire Paramedic Program process. If your EMT card will expire before the end of the paramedic program - complete ALL the 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:

Communications: ENG 101, 102, ENG 122, or ENG 128 (3 credits)

Mathematics: MAT 113 – Math Application (3 credits)

Science: Bio 105, Bio 106 – Biology Anatomy & Physiology I and Anatomy & Physiology II with a lab (8 credits)

Social Science: PSY 101 - General Psychology (3 credits)

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

3. **Basic Skill Testing:** If you have not completed previous college course work, you must begin by taking the Basic Skills test. Union County College utilizes the Accuplacer test. More information can be found at the following site: <https://www.ucc.edu/campus-life/student-services/testing/placement-testing/>

4. **References/Recommendation Letters**

The three letters of recommendation should be attached to your application on appropriate letter head in a sealed envelope. Hospital sponsorships may also require copies of the following recommendations.

1. A recommendation letter from a current EMS agency officer or supervisor.
2. A recommendation letter from a current or actively working Paramedic, MICN, Emergency Nurse or Physician. Include the state and certification number of the paramedic providing the reference.
3. A recommendation letter from a non EMS non relative source.

Paramedic Emergency Health Science Program: Application

Orientation Information:

A mandatory orientation session will be held for all accepted students.

The following items must be bought to orientation:

- A copy of current EMT and CPR card (front and back)
- Copy of a photo ID
- A copy of Hospital Sponsorship Acceptance Letter
- Proof of a criminal background check
 - www.adamsafeguardstudents.com
 - Enter code: uccpmd
- Proof of Vaccination Titers and PPD - obtained by a physician or employer
 - Titers showing immunity or vaccination for Rubella, Rubella and Varicella, Hepatitis B immunity or vaccination or waiver form.
 - Proof of PPD status - a negative two-step PPD skin test, or Gold blood test for TB (if positive, a negative chest x-ray with in the past year with a signed pulmonary clearance form)
 - Documentation of a single dose of the combined Tetanus, Diphtheria and Pertussis
- Proof of 5 panel drug test - obtained by a physician or employer
 - Cocaine, Marijuana, Opiates, Methamphetamines, Benzodiazepines

Paramedic Emergency Health Science Program: Application

Hospital Sponsor Sites and Contact Information:

Atlantic Ambulance Corporation

Raymond Dwyer III; BS, MICP
Paramedic Program Coordinator
110 Dorsa Ave
Livingston, NJ 07039
(203) 230-7221

Hackensack Meridian Health

Raritan Bay/JFK

Donna Burrell
MICU Clinical Coordinator
530 New Brunswick Street
Perth Amboy, NJ 08861
(732) 324-5393

MONOC - North

Rob Clawson MPH, MICP
Clinical Manager
4806 Megill Road
Wall Township
Neptune, NJ 07753
(732) 919-3045 ext. 1105

RWJBarnabas Health

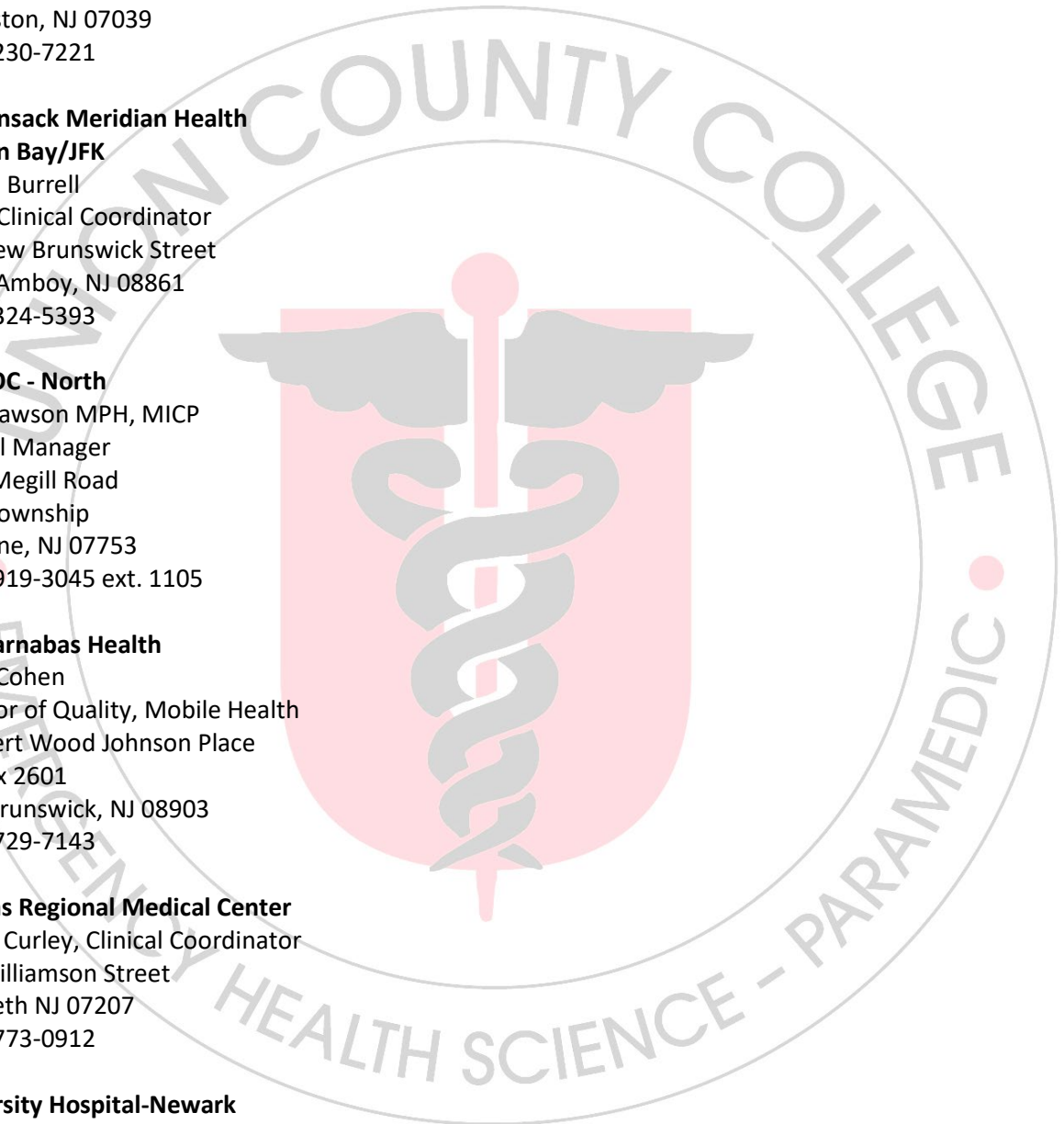
Steve Cohen
Director of Quality, Mobile Health
1 Robert Wood Johnson Place
PO Box 2601
New Brunswick, NJ 08903
(732) 729-7143

Trinitas Regional Medical Center

Nicole Curley, Clinical Coordinator
225 Williamson Street
Elizabeth NJ 07207
(732) 773-0912

University Hospital-Newark

William O'Brien
EMS Educator-Training Supervisor
150 Cabinet Street
Newark, NJ 07101
(973) 972-5369



Paramedic Emergency Health Science Program: Application

Personal Information			
Name:		Date:	
NJ EMT-B Number:		DOB:	
Home address			
City, State, and Zip Code			
Home Phone:	Cell 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 EMS Officer/Supervisor			
Paramedic Reference			
Non-EMS Source (no relatives)			
EMS Affiliation/Experience			
Semester applied for:		EMS Affiliation:	
CPR expiration:	EMT-B expiration:	Years of EMS experience:	
PHTLS:	Other certifications:		
Other:			
FOR OFFICE USE ONLY			
Date Interviewed:			

Paramedic Emergency Health Science Program: Application

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? (Circle) YES NO
If YES, Please Specify:

Paramedic Emergency Health Science Program: Application

Questions

Please provide brief responses to the following questions

1. Why do you want to become a paramedic?

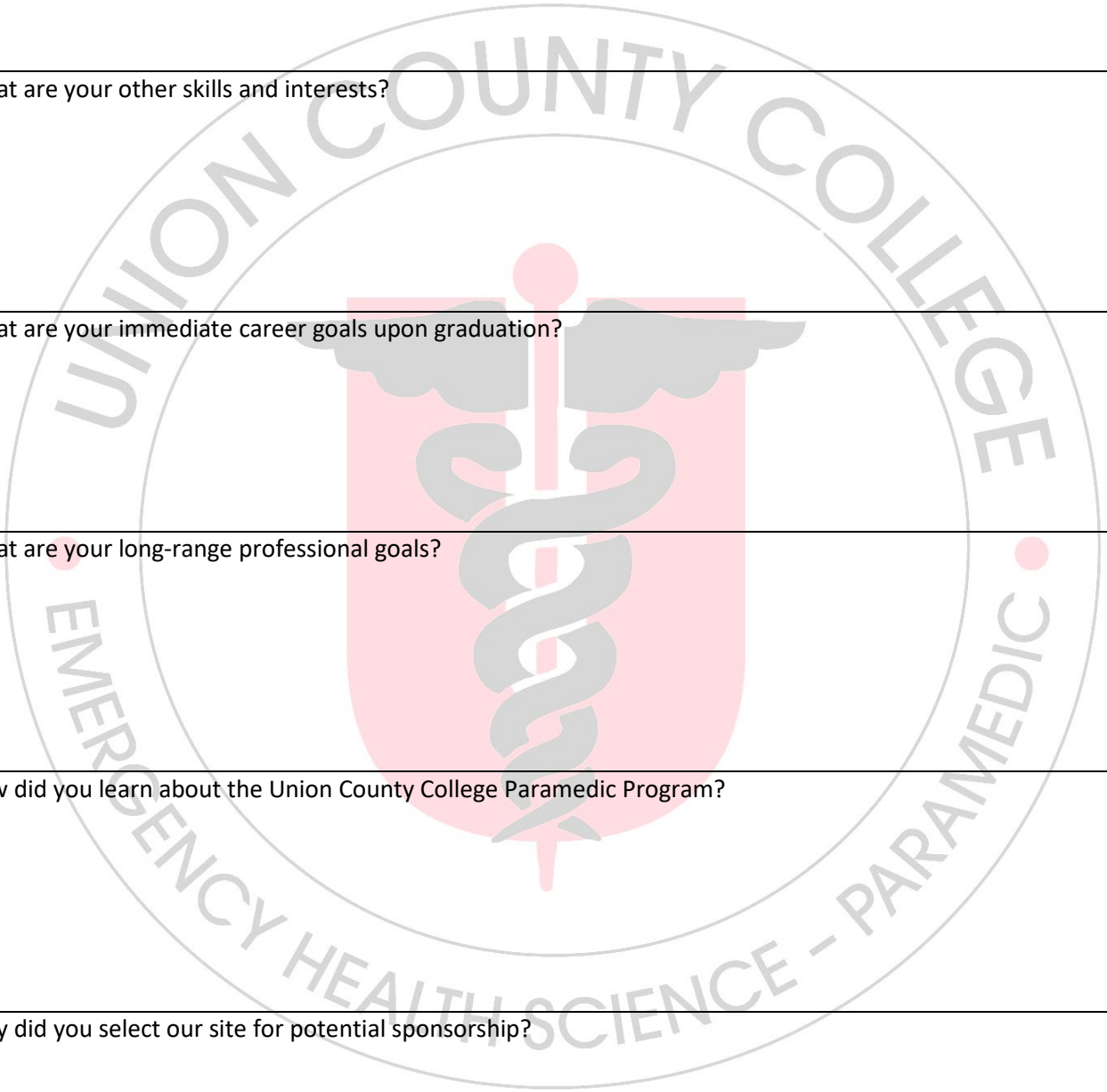
2. What are your other skills and interests?

3. What are your immediate career goals upon graduation?

4. What are your long-range professional goals?

5. How did you learn about the Union County College Paramedic Program?

6. Why did you select our site for potential sponsorship?



Paramedic Emergency Health Science Program: Application

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?



Paramedic Emergency Health Science Program: Application

Yes <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?
NO <input type="checkbox"/>	

Yes <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?
NO <input type="checkbox"/>	

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 Union County College 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.

Signed: _____

Date: _____

Printed: _____

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Union County College
Paramedic Emergency Health Science Program
Disclosure of Technical Standards
Adapted from the EMT/NRP Functional Position Description

In order to successfully complete the Paramedic Emergency Health Science Program and proceed to certification testing, applicants must meet the following criteria:

- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret oral, written, and diagnostic form instructions
- Ability to use good judgement and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
 - Ability to converse in English with coworkers and hospital staff with regard to the status of the patient
- Ability to perform all tasks related to the highest quality patient care, including those which require significant manual dexterity
- Ability to bend, stoop, and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture
- Ability to work in low light situations and confined spaces
- Ability to work with other patient care providers to make appropriate patient care decisions

My signature below notes that I have read and understood the requirements as listed above. I understand that if at any point during the program I am unable to appropriately demonstrate these abilities, I may be dismissed from the program.

Printed Name of Applicant/Student

Signature of Applicant/Student

Date