

# Umpqua Community College

Office of Admissions ☐ P.O. Box 967 ☐ Roseburg, Oregon 97470  
Ph: 541-957-4519 ☐ Fax: 541-440-4612 [www.umpqua.edu](http://www.umpqua.edu)  
Roger Kennedy, EMS Program Coordinator. 541-440-7680 [roger.kennedy@umpqua.edu](mailto:roger.kennedy@umpqua.edu)  
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## Paramedic Application

2015-2016 Application Packet

The EMS Paramedic Program at Umpqua Community College offers career training for entry-level positions in emergency medical settings. Ambulance companies, fire departments, and various other industries requiring emergency medical services may employ emergency medical technicians. After successful completion of all requirements and skills training, the student is eligible to apply to take the respective national and state certification exams.

## ENTRANCE REQUIREMENTS

1. **Applicant must** be 18 years of age prior to starting the **PARAMEDIC** program
2. **Applicant must** have an accumulative GPA of 2.00 or higher.
3. **Applicant must be enrolled, planning to enroll, or have completed** MTH 095, WR 121, EMS 151, EMS 152, EMS 170, EMS 171, EMS 175, EMS 180, MED 111 and BI 231-233 with a grade of C or above, by the end of Summer term 2015.
4. **Applicant must** provide documentation of Oregon EMT state licensure or have completed EMT with a grade of a C or better. *Please note:* You may apply if you are currently enrolled in the EMT class and making satisfactory progress. Applicant if accepted into program must possess an Oregon EMT, Advanced EMT, or EMT Intermediate license prior to first day of paramedic class.
5. The following functional abilities are considered to be essential for success in UCC's EMS Paramedic Program: **Gross Motor Skills, Fine Motor Skills, Physical Endurance, Physical Strength, Mobility, Hearing, Visual, Tactile, Smell, Reading, Arithmetic, Emotional Stability, Analytical Thinking, Critical Thinking Skills, Interpersonal Skills, & Communication Skills.** All students in the program are required to meet these essential functions. For a detailed list and descriptions of each, please contact the Admission's Office at (541) 957-4519. If you have questions about your ability to meet the program requirements, please contact Roger Kennedy, EMS Program Coordinator at 541-440-7680. Federal laws have been designed to prevent discrimination of person with disabilities. If you require any special arrangements or accommodations during your program of study, please contact the Disabilities Office at (541) 440-4600 ext. 7655.
7. Applicants must complete the physical application and pass an assessment center in order to be considered for acceptance into the Paramedic Program for 2015-2016.
8. **Program restrictions:**  
**CRIMINAL BACKGROUND CHECK**  
*All students must submit, at their own expense, a criminal background check by visiting [www.mystudentcheck.com](http://www.mystudentcheck.com) and selecting Umpqua Community College-Background Check Only. The background check is required on incoming students prior to starting clinical rotations. It is preferred that the background check be completed prior to the incoming student registering for class. Background checks from other agencies will not be allowed as substitution.*

*As a result of the background search, students with felony convictions will only be considered on a case-by-case basis. Potential students with felony convictions involving crimes concerning arson, perjury, domestic violence, child abuse, elderly abuse, or patient misconduct/abuse, will not be permitted in the EMS Program. Please refer to the NREMT Felony Policy for details regarding certification at [https://www.nremt.org/nremt/about/policy\\_felony.asp](https://www.nremt.org/nremt/about/policy_felony.asp).*

### **DRUG/ALCOHOL SCREENING**

*All students must submit, at their own expense, a drug and alcohol screening by visiting OccuHealth at 2570 NW Edenbower Blvd, Roseburg, OR 97471. The drug and alcohol screening is required on incoming students prior to starting clinical rotations. Drug and alcohol screenings from other agencies will not be allowed as substitution.*

*As a result of this screening, students with any positive results will not be permitted in the EMS Program. Students are granted an appeal process by contacting the EMS Program Coordinator.*

# Application Procedure & Checklist

The information requested in this section **MUST** be submitted to the EMT Office **AT THE SAME TIME of application**. **Incomplete packets will NOT be accepted**. Partially completed application packets **will not be considered** by the Paramedic Selection Committee. **Completed packets must include the following:**

**Deadline: March 20, 2015**

**Include the following items with your application. Partial applications will not be considered:**

- EMT Paramedic Data Sheet
- Copy of High school diploma or GED
- Copy of valid EMT Certification card

**If you are not a current UCC student, you will need to make a separate application to the college and have your official transcripts from other colleges sent to admissions for review.**

**The college application can be found at: <http://www.umpqua.edu/web-admissions>**

Applicants will be notified as to their status *by letter only*. The number of accepted applicants may vary from year to year as the advisory committee, job market and funding dictate.

**DEADLINE: March 20, 2015**

# Paramedic Data Sheet

Deadline: March 20, 2015

|                    |        |   |
|--------------------|--------|---|
| NAME:              |        | STUDENT ID:   |
| ADDRESS:           |        |   |
| CITY:              | STATE: | ZIP:  |
| PHONE:             | DOB:   | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| EMAIL:             |        |   |
| EMERGENCY CONTACT: |        | RELATION:   |
| ADDRESS:           |        | PHONE:  |

## CURRENT AGENCY AFFILIATION (PAID OR VOLUNTEER)

|                    |
|--------------------|
| AGENCY:            |
| LENGTH OF SERVICE: |

## STATUS OF PREREQUISITE COURSES

|         |  |
|---------|--|
| MTH 095 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| WR 121  | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| BI 231  | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| BI 232  | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| BI 233  | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| EMS 151 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| EMS 152 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| EMS 170 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| EMS 171 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| EMS 175 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| EMS 180 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |
| MED 111 | <input type="checkbox"/> COMPLETED <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> WILL COMPLETE _____ TERM |

|              |                  |
|--------------|------------------|
| TSHIRT SIZE: | SWEATSHIRT SIZE: |
|--------------|------------------|

I certify that the above information is accurate, and authorize the use of my Social Security Number as my Student Identification Number (unless one has already been assigned to me).

Signature

Date