



EMS Program

Paramedic Course Application

Rogue Community College

Paramedic Course Application Process

General Information

Entrance into the paramedic course at Rogue Community College involves a competitive selection process, similar to that of a fire department hiring process and assessment center. This points-based process scores a candidate's academic progress (specific grades and retakes are taken into consideration), GPA, experience, leadership potential and patient assessment skills. The following activities are evaluated:

- | | |
|--------------------------------------|-------------------|
| ✧ Experience, GPA, Academic Progress | Maximum 18 Points |
| ✧ Interview | Maximum 25 Points |
| ✧ Assessment Center | Maximum 27 Points |

Candidates with the highest point totals are selected. Alternate candidates or tiebreakers will be chosen by the highest scores from the assessment center.

Minimum Qualifications

- ✧ Current certification as an Oregon EMT-Basic or Intermediate
- ✧ Completion of all requirements for the One-Year EMT Certificate or have 5 or less total courses remaining for the AAS: Paramedic degree (this excludes the paramedic course)
- ✧ Completion of a full year of anatomy and physiology within the last 5 years **OR** completion of the first two terms of the course with the last course slated for completion by the summer term before the paramedic course; students must pass these courses with a C or better

Preferred Qualifications

- ✧ Six months or more of patient care experience in an emergency setting
- ✧ Demonstrated leadership potential

Application Process and Timelines

Applications will not be accepted unless they are complete with all required documentation attached. Contact Gary at 541-245-7967 or Jim at 541-245-7969, if you have any questions.

Applications are due by June 15. Applications will be screened and qualified applicants will be invited to an interview and assessment in late June or early July. Final candidate selection and notification should be completed by the second week of July.

Rogue Community College Paramedic Course Application

Please return to: RCC, Attn: Gary Heigel, 7800 Pacific Ave., White City, OR, 97503

Application Deadline: June 15

1. Demographic Information

_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Mailing Address	City	State Zip Code
(____) _____	(____) _____	(____) _____
Home Phone	Work Phone	Cell Phone
_____	_____	____/____/____
E-Mail Address		Date of Birth
____-____-____	_____	_____
Social Security Number	Site of High School Grad.	Grad Year

2. Academic Progress

An unofficial or official transcript must be attached for ALL of the colleges attended.

College: _____ Attended from _____ to _____
(month/year) (month/year)

College: _____ Attended from _____ to _____
(month/year) (month/year)

College: _____ Attended from _____ to _____
(month/year) (month/year)

Did you take your EMT-Basic for college credit? Yes / No (circle one)

If certified as an EMT-Intermediate, did you take the course for college credit?
Yes / No (circle one)

3. Patient Care Experience _____

Current EMT Certification: Basic / Intermediate (circle one) *Attach a current copy of your OREGON EMT certification card.*

_____	_____
Date of Certification	Oregon Certification Number

Work History: List all relevant EMS and patient care experience below.

_____	_____	_____
Agency	Position	Start and End Dates

_____	_____	_____
Status: FT PT Volunteer, Hours Per Week or Month	Supervisor	Phone Number

_____	_____	_____
Agency	Position	Start and End Dates

_____	_____	_____
Status: FT PT Volunteer, Hours Per Week or Month	Supervisor	Phone Number

_____	_____	_____
Agency	Position	Start and End Dates

_____	_____	_____
Status: FT PT Volunteer, Hours Per Week or Month	Supervisor	Phone Number

_____	_____	_____
Agency	Position	Start and End Dates

_____	_____	_____
Status: FT PT Volunteer, Hours Per Week or Month	Supervisor	Phone Number

Other patient care experience? Yes / No (circle one)

If yes, please list facility, position and duties. Please state if position is/was full-time, part-time or volunteer.

4. Certifications and Required Documentation

Are you currently certified in any of the following? If yes, please attach copies of certifications.

ACLS: Yes / No Expiration Date _____

PHTLS: Yes / No Expiration Date _____

PALS: Yes / No Expiration Date _____

PEPP: Yes / No Expiration Date _____

Required Documentation: The following must be attached to the application

1. Copies of any RCC transcripts and/or unofficial transcripts from other colleges or universities. For classes that will be completed spring term, a progress report must be submitted. For courses that will be taken summer term, include a schedule.
2. Proof of completion of one year of college credited, 200-level anatomy and physiology courses with a grade of C or better within the last 5 years,
OR:
Proof of completion of the first two terms of anatomy and physiology with the last term of anatomy and physiology in progress for spring term or officially scheduled for summer term.
3. Photocopy of current Oregon EMT certification.
4. Photocopy of current Oregon drivers license (photograph side.)
5. Proof of MMR immunization (2 doses) **or** titer for rubella demonstrating immunity. Individuals born before January 1, 1957 only require proof of one vaccination. Adult booster shots are available at the Jackson or Josephine County Health Departments or at your local Health Department.

Required Documentation (cont.)

6. Proof of hepatitis B immunization series or recent titer showing immunity. Proof of the three-shot series as well as the titer showing immunity will be required. If you are just starting the series of shots, you must have proof of your first shot attached to your application, along with a schedule of dates for the subsequent immunizations.
7. Proof of tetanus immunization within the last 10 years.
8. Proof of TB test within the last 9 months. The documentation must also include the results of the test. This may be obtained at your local Health department as well.
9. Photocopy of current certification for AHA Health Care Providers level or ARC Professional Rescuer CPR card.

5. Signature

I certify the above information is accurate to the best of my knowledge. I understand that any false information found in my application will result in immediate denial into the paramedic program at Rogue Community College. I also give permission to the EMT Program staff to contact any or all of the contacts listed in my work history.

Student name (printed)

Date: ____ / ____ / ____

Student signature