

Blinn College EMS Paramedic Program



The Paramedic Program will begin every fall semester and will finish with an internship in the summer (August to August- 3 semesters). We are excited that you have shown an interest in becoming a Paramedic, as it is one of the most dynamic and exciting careers in the world. Paramedic training and education is a challenging commitment and applicants are encouraged to visit the EMS Program webpage at <http://www.blinn.edu/twe/ems>. For more information about Paramedic careers or classes, please contact the EMS Program Assistant, Mally R. Hance at (979) 691-2130 or email mally.hance@blinn.edu.

Admission into the Paramedic Program is a competitive entry process to include but not limited to submission of a complete application and an oral interview. Regardless of your EMS employment status, affiliation with a clinical agency, or your current certification level, you must complete the application in its entirety. Admission to Blinn College does not imply nor guarantee admission to the Paramedic Program nor does acceptance to the Paramedic Program guarantee admission to Blinn College. You must submit a separate application to each entity. The Program Admissions Committee will consider criteria such as letters of recommendation, EMS work experience, academic scores, etc. to determine fall acceptance. A complete list of criteria that will be considered for entry is enclosed within this packet.

PLEASE NOTE: Partial or incomplete applications will not be considered for admission to the Paramedic Program. Your application file must be complete.

Please return your application and ALL required documents by mail or in person

By Mail:

Blinn College EMS Program
Attn.: Mally R. Hance
Texas A&M Health Science Center - Clinical Building 1
8441 Riverside Parkway, Suite 2500
Bryan, TX 77807

In Person:

Mally R. Hance – HSC 3536
3rd Floor – use the East Elevators
TAMHSC, Clinical Building 1
8441 State Highway 47
Bryan, Texas 77807

Blinn College seeks to provide equal education without regard to race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reason. The policy extends to all programs and activities supported by the Blinn College.

To be considered as an applicant to the Paramedic Program, the following steps **MUST** be completed:

1. APPLY FOR ADMISSION TO BLINN COLLEGE

Students must meet Blinn College requirements for admission. You may visit the Blinn College website at <https://www.applytexas.org> to submit an application to Blinn College.

2. SUBMIT COPIES OF ALL COLLEGE TRANSCRIPTS

Unofficial transcripts will be accepted for the Paramedic Program application process; however, official copies are required by Blinn for admission to the college.

3. MEET ALL PARAMEDIC PROGRAM REQUIREMENTS

Prerequisites for entry into the Paramedic Program are as follows:

□ Meet TSI Compliance standards

A student must be TSI college ready by Blinn College standards. You may visit the Blinn College TSI website at <http://www.blinn.edu/testing/tsia.html> for further information.

□ College Level A&P - Two Options:

1. **Complete A&P prior to entry:** Successfully complete at least one semester of college-level human Anatomy & Physiology prior to acceptance in the Paramedic Academy. If you are taking A&P during the summer, your submitted transcript must reflect enrollment in the class. Either of the below classes will fulfill the A&P requirement.

- BIOL 2401, Anatomy & Physiology I & BIOL 2402, Anatomy & Physiology II.
You must complete both, BIOL 2401 & BIOL 2402 to fulfill the certificate and/or degree requirements. Speak with an advisor for clarification and specific advice.
- BIOL 2404 – Intro to Anatomy & Physiology. This is designed for specific degree programs which include the EMS Program. This fulfills the degree plan and certificate requirement for A&P, but does not replace BIOL 2401 and/or BIOL 2402 for other programs. Speak with an advisor to get more specific advice.

2. **Co-Enroll in A&P:** You may co-enroll in college-level human Anatomy & Physiology, BIOL 2404 during either the Fall, Spring, or Summer semesters during the Paramedic Program. You must achieve a grade of “C” or better in BIOL 2404 to receive a course completion and be eligible for the certificate or degree. Please note that students who do not have this requirement prior to applying will not receive points for A&P. The below class will fulfill the A&P requirement.

- BIOL 2404 – Intro to Anatomy & Physiology. This is designed for specific degree programs which include the EMS Program. This fulfills the degree plan requirement for A&P, but does not replace BIOL 2401 and/or BIOL 2402 for other programs. Speak with an advisor to get more specific advice.

❑ **EMT Certification** - two options

1. **Submit Current Certification:** Submit a copy of your certification as an EMT from either the National Registry of EMT's (NREMT) or Texas Department of State Health Services (TDSHS).
2. **Submit proof of eligibility to test:** Submit a letter of explanation, when you expect to take the NREMT Exam, and proof of EMT Training (transcript or other). If you are accepted to the program, you must provide evidence of certification as an EMT within 30 calendar days of the first day of the Paramedic Program. If you are not certified within 30 days, you will not be allowed to continue in the Paramedic Program.

For information on EMT training please visit our webpage at <http://www.blinn.edu/twe/ems/emt.html>.

Requirements after Acceptance / Enrollment

These are not prerequisites for entry, but will be required upon acceptance:

❑ **CPR Certification**

You must be certified in CPR at the Healthcare Provider / Professional Rescuer level to participate in clinical rotations. Specific deadlines to submit CPR certification will be given once you begin the Paramedic Program. The EMS Program offers CPR Courses at the beginning of every semester.

❑ **Immunizations**

All accepted students to the Paramedic Program will be required to submit documentation of all immunizations required by the Blinn College Division of Health Sciences before being allowed to participate in clinical rotations.

Once you begin the program, you will be given a deadline to have all immunizations completed and submitted to the program. If documentation is not submitted by the specified deadline, you will be considered ineligible to continue in the Paramedic Program. A list of the required immunizations is provided on the next page.

Health Sciences Required Immunizations

Tuberculosis Skin Test: (PPD-TB Test) OR Chest X-Ray (required if skin test is positive) (test must be within 6 months of beginning the Paramedic Program)

Tetanus, Diphtheria, Pertussis (TDAP) MANDATORY: One TDAP Booster (within 10 years)

Measles, Mumps, Rubella (MMR) MANDATORY: Those born on or after January 1, 1957, must show proof of either

- Serologic test positive for measles antibody/ immunity OR if necessary, without serologic evidence of immunity or prior vaccine
- Two doses of MMR Vaccine at least 4 weeks apart*

Varicella (Chicken Pox) MANDATORY:

- Serologic test positive for varicella antibody/ immunity OR if necessary, without serologic evidence of immunity or prior vaccine **Please submit a QUANTITATIVE result (must have a number value with a reference range, not just immune/not immune)**

OR

- Two doses of varicella at least 4 weeks apart

Hepatitis B Immunity MANDATORY: There is potential of exposure to Hepatitis B during clinical assignments. All students must have had the Hepatitis B series of vaccinations. The CDC recommends (and we require) serologic testing for all Health Science Students. Specifically, we require Hepatitis B surface antibody (anti-HBs) to document immunity. If the test comes back with a protective concentration of less than 10 MIU/ML, students need to be revaccinated with 3 doses (over 4-6 months). This is followed by another serologic test for immunity 1-2 months after the third dose is received.

- 3 vaccines (usually at intervals of 0, 1, and 6 months)

AND

- Positive serologic test **Please submit a QUANTITATIVE result (must have a number value with a reference range, not just immune/not immune)**

***For Negative immunity, you may still enroll as long as you have the documented first three vaccines, as well as proof you are starting the second round of 3 Hepatitis B vaccines.

Influenza MANDATORY: All students enrolled in the Paramedic Program should receive an annual vaccination against influenza. All students are required to have received one dose of influenza vaccine annually, either live inactivated injectable influenza vaccine IM or live attenuated influenza vaccine (LAIV) intranasal (ONLY for non-pregnant, healthy HCP aged 49 or younger).

Meningococcal (Meningitis) Vaccine (MCV4) MANDATORY: For all “new” students less than 22 years of age when the academic term begins. Vaccine must be administered at least 10 days prior to the start of the semester. All students must follow Blinn’s policy regarding the Bacterial Meningitis requirements. Go to www.blinn.edu/immunization.html for all information.

Application Deadlines

Applications can be accessed online from the Blinn College EMS Webpage. The deadline to apply for the upcoming Fall Semester is Friday, July 5th by 4:00 p.m.

Applicants will be notified via either mail or email of their entry status within two weeks following the deadline for application submission. If you have not received notice from us **after** two weeks, please contact the program office.

Application Grading Criteria

Blinn College Paramedic Program Applicants will be scored based on the following criteria:

- College and/or High School G.P.A.
- Recommendation letters
- Years of Active EMS Service
- A&P Grade
- Years of Military Service
- Years of Volunteer Service

Interview Process

Once all applications have been reviewed, the interview process will begin. Students that have submitted a complete application and have meet all prerequisite criteria will be contacted to schedule an interview.

PARAMEDIC PROGRAM APPLICATION CHECKLIST

(must be included with application)

Submit your application in the following order.

THIS PAGE SHOULD BE THE **FIRST PAGE PRIOR** to the program application.

- Completed Student Application
- EMS Background Questionnaire
- Copies of all official College Transcripts
 - Blinn Students have access to this information through myBLINN
- Current EMT Certification (attach copy of front and back) **OR** letter of explanation with date of EMT Course and expected date of NREMT exam
- Three Letters of Recommendation with the accompanying evaluation form. Each letter **MUST** be sealed and signed across the seal by the evaluator.

By providing my signature on this form, I acknowledge that I have read and understand ***all*** the requirements and prerequisites that must be completed in order to be considered for entry into the Paramedic Program.

Printed Name

Signature

Date

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

**Blinn College
Health Sciences Program
Student Application**

NOTE: YOU MUST SUBMIT AN APPLICATION TO BLINN COLLEGE FOR CONSIDERATION FOR ANY OF THE HEALTH SCIENCES PROGRAMS.

Select the program of your choice:

<input type="radio"/> Associate Degree Nursing	<input type="radio"/> Licensed Vocational Nurse - Transition to ADN	<input type="radio"/> Bryan
<input type="radio"/> Vocational Nursing	<input type="radio"/> Physical Therapist	<input type="radio"/> Brenham
<input type="radio"/> Paramedic Academy	<input type="radio"/> Radiologic Technology	<input type="radio"/> Schulenburg
<input type="radio"/> Dental Hygiene		<input type="radio"/> TAMHSC

APPLICANTS WILL BE REQUIRED TO COMPLETE DRUG SCREENS AND BACKGROUND CHECKS UPON ACCEPTANCE. SPECIFIC PROGRAM REQUIREMENTS CAN BE ACCESSED FROM EACH PROGRAM'S WEB-SITE AT <http://www.blinn.edu/twe/healthsciences.html>

Name: _____
 Last First Middle Maiden Name Previous Name

Mailing Address: _____
 Number Street City State Zip

E-Mail: _____

Telephone: (____) _____ **Cell Phone:** (____) _____

Permanent Address: _____
 Number Street City State Zip

Blinn ID#: _____

*Your Blinn ID # will be sent to your blinn buc account once you have applied and been accepted to Blinn College

HAVE YOU PREVIOUSLY APPLIED TO A BLINN COLLEGE HEALTH SCIENCE PROGRAM?

If so, which program? _____ **When?** _____

PREVIOUS EDUCATION

Provide unofficial transcripts from every College/University you have attended with this application.

It is your responsibility to provide Blinn College Admissions with an official transcript. You must also be a high school graduate or have obtained a GED to be admitted to any Health Sciences Program.

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years/Hrs. Completed	Major & Degree
High School / GED				
College				

EMPLOYMENT

(Begin with the most recent years or attach a resume.)

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____	Employment Dates	Reason for Leaving
	From _____ To _____	

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes

No

PLEASE LIST TWO CONTACTS IN CASE OF EMERGENCY

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Telephone (Home): _____	Telephone (Home): _____
(Cell): _____ (Work): _____	(Cell): _____ (Work): _____

SIGNATURE

I certify that the information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion and/or dismissal from the application process. If accepted into the program, I agree to meet all entrance requirements and to conform and abide by the letter and spirit of the rules, regulations, and procedures of Blinn College and the Paramedic Program.

Signature: _____ Date: _____

Name: _____

Date: _____

EMS Background Questionnaire

1. What is your current EMS certification level?

2. How long have you been certified?

3. Are you currently employed for an agency utilizing your EMS certification?

Yes

No

If yes,

a. Which agency are you employed by?

b. How long have you been employed by the above agency?

4. Have you served in the military?

Yes

No

If yes: years of service: _____

5. Have you completed any volunteer hours? Yes No

If yes, with which agency or organization? _____

RECOMMENDATION FOR BLINN COLLEGE PARAMEDIC PROGRAM

To be Completed by the Applicant:

NAME	Last	First	Middle
B-00-			
Blinn College ID			Date

Please check the appropriate box indicating your desire to waive or not to waive the right of access to the completed form.

- Waive - I hereby waive my right of access to, and authorize Blinn College to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Paramedic program.
- Do not waive

Applicant Signature: _____

To be Completed by the Recommender:

We appreciate your time and cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. **Sign across the seal and return it to the applicant. If the seal is tampered with, the applicant WILL not receive credit for your evaluation.**

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by circling the number that represents your opinion:

Area of Evaluation	Superior	Above Average	Average	Below Average
Intellectual Ability	4	3	2	1
Ability to Communicate	4	3	2	1
Self-Reliance/Independence of Thought	4	3	2	1
Motivation	4	3	2	1
Integrity	4	3	2	1
Profession Interest	4	3	2	1
Reliability	4	3	2	1
Attitude toward authority	4	3	2	1
Cooperativeness	4	3	2	1
Decision making skills	4	3	2	1
Total Score:				

Recommendation (please check one)

- I recommend without reservation.
- I recommend with reservations as noted above.
- I cannot recommend at this time.
- I prefer talking to the program director.

Print Name: _____

Signature: _____

Place of Employment: _____

Title/Position: _____

Please add any comments that might assist the department in making a judgment about the applicant's admission to the Paramedic Program. Attach a separate letter in a sealed envelope with signature across the seal.

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