

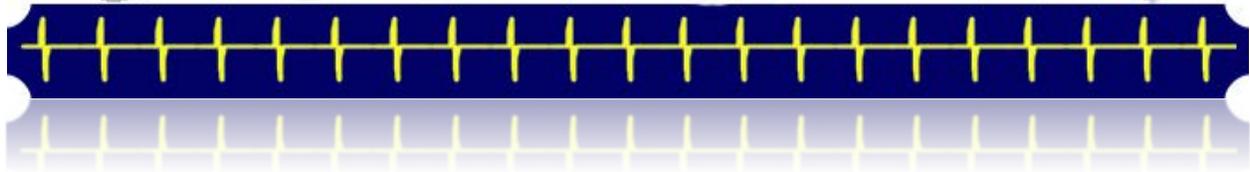


South Howell County Ambulance

The Difference in EMS Care

1951 East State Route K • West Plains Missouri • 65775

Phone: (417) 256-2490 • Fax: (417) 257-1353 • Website: www.shc-ems.com



Oct 1, 2018 Paramedic Program Application Packet

**South Howell County Regional Training/Simulation Center
1951 East State Route K
West Plains, MO. 65775
Phone: (417)255-2223
Fax: (417)257-1353
Website: www.shc-ems.com**

**OZARKS TECHNICAL
COMMUNITY COLLEGE**



**DRURY
UNIVERSITY**



Dear Prospective Paramedic Student,

Thank you for your interest in our Paramedic Program. South Howell's program is a nationally accredited program thru the Commission on Accreditation of Allied Health Education Programs and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. Being fully credentialed allows graduates of our program to sit for the National Registry testing. The State of Missouri accepts National Registry for initial licensure.

This packet includes a list of the program's pre-requisites and several forms. Please complete in their entirety the forms and provide any necessary attachments. Consult the checklist on the last page to ensure your application is complete. Be aware that the timeframe for immunizations and background checks is lengthy and you should plan accordingly.

South Howell County Ambulance Education Services does not discriminate on the basis of race, color, religion/creed, age, gender, disabling condition, handicap, or national origin. Admission into our program is premised on meeting entrance requirements.

Our course utilizes full emergency scenario simulation with high-fidelity mannequin and an ambulance inside the center. Class-time, simulation, clinical and study time for the length of the course is emotionally and physically challenging. Being physically fit is a benefit for successful completion. If you believe you have a disability that will require accommodations contact the Education Department as soon as possible.

Again, thank you for your interest in our Paramedic Program. If you have any questions do not hesitate to call or email me.

Best regards,

Charles Rader, BA
Paramedic Program Manager
Office: 417-256-2490
Email: crader@shc-ems.com
Website: www.shc-ems.com

Applicants must meet the following requirements:

1. Must be a U.S. Citizen or be in compliance with I-9 regulation
www.justice.gov/crt/about/osc.
2. Must be 18 years of age
3. High School Diploma or G.E.D.
4. Current EMT Certification
 - a. If you've just completed an EMT course you have up to 45 days from the first day of this course to pass the EMT national registry and obtain your EMT license. You will not be able to continue after day 45 and no refund will be given for monies you've paid in.
5. Completion of an entrance exam designed to measure best learning style
6. 250 – 500 word essay Titled, "My Motivation to Become a Professional Paramedic" centered at the top with your name centered below the title. Essay is to be double spaced, 12 font Times New Roman with 1" margins top, bottom, left and right.
7. Pass the following screening
 - a. Alcohol & Drug Screen - (will be random)
8. Up to date immunizations status for the following:
 - a. Verification of immunization against: Tetanus; Diphtheria; Mumps; Measles; Rubella; Varicella (chicken pox)
 - b. Negative results from a tuberculosis skin test or chest x-ray performed within the last 12 months
 - c. As we have multiple clinical sites immunizations may change
9. Must complete criminal background check
 - a. Primarily used by Hospital Clinical Sites as they often have strict guidelines for students who have access to patients.
10. Form signed by physician or advanced practice nurse acknowledging you are physically capable of providing patient care in an emergency services environment.
 - a. If you are currently full or part-time primarily as a field EMT your Medical Director can sign you off on the physical requirements.
 - b. South Howell can provide our current paramedic job description as a guide for your medical provider
11. Must have 2 letters of recommendation
 - a. One personal from a non-EMS/Medical person – cannot be immediate family
 - b. One from a current EMS professional – cannot be immediate family
12. Must successfully clear interview process

If you wish to have the Hepatitis B Vaccination series completed prior to beginning clinicals; it is suggested that you have the 1st Hepatitis B vaccination (1 of 3) either before starting the course or within the first couple weeks of the course beginning.

Evaluation of Applicants

- Minimum number of students to hold this course is six (6). Maximum is 12.
 - Competitive selection of students may be necessary should applications exceed 12. In this event, the Medical Director, Paramedic Program Director and Lead Instructor at a minimum will review all applications with selective considering premised on the following:
 - Content, accuracy and wording of the two letters of recommendation
 - Content within the essay

- Prior and current work experience in EMS
- Plans on graduation of your paramedic career
- Oral Interview
 - How you present yourself as a professional is important

GENERAL OVERVIEW OF PARAMEDIC PROGRAM HOURS:

- 552 Hours of classroom, skills and simulation lab
- 364 Hours of field clinical experience
- 300 Hours of hospital clinical experience

CLASSROOM, SKILLS LAB AND SIMULATION:

- Provides students the intellectual, theoretical learning environment along with skills lab and patient simulation using our high fidelity mannequin with an ambulance simulated environment.

HOSPITAL/FIELD CLINICAL EDUCATION:

- Hospital & Field Clinical education provides an opportunity for students to develop & apply theoretical knowledge & laboratory skills to the actual treatment of patients. Students will participate in various supervised clinical experiences within local hospitals & on EMS paramedic units.

AMBULANCE CLINICAL FIELD EVALUATION:

- The final clinical step required will have you as acting field medic. This will occur under the direct supervision of a preceptor. However, you will be expected to be “lead” paramedic from patient contact thru drop off at hospital. This period allows the student to apply the knowledge and skills learned from previous classroom and clinical hours.

HOSPITAL CLINICAL SITES: (note – some hospitals require students to attend an orientation class before being allowed to do clinical time)

- Ozarks Medical Center, West Plains, MO
- Texas County Memorial Hospital, Houston MO
- Cox South, Springfield, MO
- Ripley County Memorial Hospital, Doniphan, MO
- Poplar Bluff Regional Medical Center, Poplar Bluff, MO

AMBULANCE CLINICAL SITES: (note – any ambulance site must have credentialed clinical preceptors to ride with. SHCAD provides free of charge access for an online credentialing course free of charge.)

- South Howell County Ambulance District, West Plains, MO
- Texas County Memorial Hospital – 4 stations in Texas and Wright Counties
- Mercy EMS – Eastern sector only – Mt. Grove and Mt. View, MO
- Cox EMS, Springfield, MO
- Taney County Ambulance District, stations in Branson, Forsyth and Kissee Mills, MO
- Medic One, Poplar Bluff, MO
- Oregon County Ambulance District, Thayer and Alton, MO

EMS Paramedic Training Program Application Process

There are 6 sections to the application process. All must be completed before acceptance may be granted. Completion of all sections does not guarantee that an applicant will be accepted into the course.

1. Section I Completion of Application & Submission of Documents
 - Physical sign off
 - Background check
 - immunizations
2. Section II learning style examination
3. Section IV Oral Interview
4. Section V Drug/Alcohol Screen

SECTION I COMPLETION OF APPLICATION & SUBMISSION OF DOCUMENTS

- The application must be completed in its entirety & submitted with all required documents. The application packet can be sent standard mail, faxed, dropped off at the station or scan and emailed or in person at the station.

Mail/Physical address:

Attn: Michael McAfee Education Manager,
1951 E. State Route K, West Plains, MO 65775

Email: michaelmcafee@shc-ems.com

Office: (417)256-2223

Cell: (417) 247-8402

Fax: 417-257-1353

Once we have received the completed application and all documents you will be scheduled for the learning style test and oral interview (oral interview can take place via “facetime” or skype. Must have access to large bandwidth to insure stable connection).

The drug and alcohol screening will be random, meaning it can occur at anytime during the process up till the end of the first month of class. Should you test positive on our in-house test you’ll be required to have an outside agency do a re-test at your expense. Should you choose not to retest your application will be rescinded.

CRIMINAL BACKGROUND AFFIDAVIT

- 1. Have you ever received a DUI/DWI violation? YES NO
- 2. Are there any criminal charges currently pending against you? YES NO
- a. If Yes please explain:

- 3. Are you currently on probation or parole? YES NO
- 4. Have you had any voluntary surrender, disciplinary action, consent order or settlement imposed, or is any disciplinary action pending on your license/certificate in any state or Jurisdiction? YES NO
- 5. Have you been dishonorably discharged from the military? YES NO
- 6. Have you been named in a civil/malpractice case relating to your employment as a health care worker? YES NO
- 7. Have you had clinical privileges suspended, revoked, or limited? YES NO
- 8. Have you had or have a physical, mental, or emotional condition that might affect your ability to practice safely as a certified EMT? YES NO
- 9. Have you ever been arrested, charged and convicted - or pled guilty or no contest to - or been sentenced for any criminal offense, including all misdemeanors or felonies in Missouri or any state? YES NO

If yes list: _____

NOTE: Even though an arrest or conviction has been pardoned , expunged, dismissed, or deferred, & you civil rights have been restored, you must answer "Yes" & attach certified copies of the bill of information or clerk of court records regarding any offenses.
I authorize the South Howell County Ambulance District to conduct a Criminal History check on me.

(Signature) (Date)

JUNE 1, 2017 APPLICATION INFORMATION

Last: _____ First: _____ Middle: _____

DOB: _____ SSN: _____

Address: _____

Email: _____ Phone – cell preferred: _____

Emergency Contact name and phone: _____

Current Employer Name and Address: _____

Job Title: _____ Job Function: _____

Do you have any health problems that might interfere with your abilities to perform the standards of being and EMT? Yes No If Yes, please state: _____

Emergency Medical Technician Training

School	Date Graduated	State License Number	College credit?

Current Certifications: CPR Instructor etc. . . Certifying Agency (S)

Hobbies & sports: include interests, hobbies, recreational activities, involvement in civic organizations, & other community service. Include Service awards:

MILITARY SERVICE

1. Were you ever in any branch of the US Armed Forces? YES NO
Branch: _____ (If NO skip this section)

2. Selective Service Number: _____
(If unknown, call 1-847-688-6888 or visit www.sss.gov to obtain)

You must provide a DD Form 214 (Discharge) for each period of Non-continuous service.

3. Are you currently or have been on active duty? YES NO
(If yes, provide the information below)

Branch: _____
Date Entered: _____
Length of Commitment: _____
Actual or Estimated Date of Separation: _____
Grade/Rank: _____
Current M.O.S.: _____
Supervisor: _____
Unit Mailing Address: _____

In case of Emergency, illness, accident; SHCA is authorized to proceed as indicated below: (Please number each below in the order of desired action)

- Contact Physician Doctors name: _____ | Phone # _____
- Take to Emergency Room
- Take to a licensed Physician
- Other desired procedures:

PHYSICIAN'S VERIFICATION OF STUDENT HEALTH STATUS

I have reviewed the health status of: _____ and understand the physical and emotion challenges of a paramedic course offered by South Howell County Ambulance Education Services.

Based on these reviews I have determined that:

- This student will be able to meet all of the Program's physical standards without accommodations.

- This student will be able to meet all of the Program's physical standards if reasonable accommodations are provided. I have attached a signed, dated statement on my office letterhead describing the student's functional limitations relative to the Program's technical standards & appropriate accommodations to these limitations.

- This student will **NOT** be able to meet the Program's technical standards, even with reasonable accommodations. I have attached a signed, dated statement on my office letterhead describing the reasons for this determination.

Physician/Advance Practice Nurse Signature Date

Printed Name License Number

Office Telephone Number

ADMISSION DRUG & ALCOHOL TESTING

Acceptance of students to the EMS Education Program is contingent upon screening for alcohol and drugs. The initial 10 panel will check for illegal drugs are present. We also screen for alcohol. The screening will be random and required to complete up until the end of the first month of class. You will be asked to list all prescription and over-the-counter drugs you are taking along with name and office number of who prescribed them. The cost for this test is included in your application & testing fee.

The in-house test will consist of a saliva swab test for drugs & a disposable chemical activated breathalyzer for alcohol (Note: testing kits can and do change.). To protect all of our patients & employees, the sample must be taken under monitoring conditions. Failure to cooperate fully in this process will result in immediate withdrawal of the conditional offer of admission.

If the initial test is positive a second will be administered. Should the second return positive. The prospective student will be required to take an off campus test via our vendor. That test will be required to be done immediately and at the students cost. If the third party test is positive the student will be removed. If negative they will be allowed to continue the course.

An applicant who refuses the screening will not be accepted into the program or if the screening is after the start of class will be removed. The applicant (student) will be responsible for the drug confirmatory testing, with payment made to South Howell County Ambulance District in the form of cash or money order.

As an applicant (student), I give permission for South Howell County Ambulance District to administer the random drug screening. I have provided to the best of my knowledge information on prescription and/or over the counter drugs I am taking. I have read the above and asked any clarifying questions.

- I agree to comply with the enrollment process, as indicated above.
- I do not agree to comply with the enrollment process as indicated above.

Applicant Print/Sign Name	Date
---------------------------	------

SHCAD Staff Administering Test Print/Sign Name	Date
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Results: Neg. Pos.

HEPATITIS B VIRUS VACCINE

I, _____, understand that due to my occupational exposure to blood & other potentially infectious materials while I am a student with South Howell County Ambulance Education Services, I may be at risk of acquiring **Hepatitis B Virus (HBV infection)**. I have been informed that it is the policy of South Howell County Ambulance Education Services faculty to strongly encourage students to be vaccinated with Hepatitis B vaccine, & that the vaccine is available through a private physician. The cost of the vaccine is the student's personal expense & is approximately \$_____ for the 3-series of injections

I understand, by **declining the Hepatitis B vaccine**, I continue to at risk of acquiring Hepatitis B a seriously & potentially fatal disease.

I understand that as a student with South Howell County Ambulance Education Services, I am expected to abide by the protective precautions as outlined in the Districts policy regarding transmission of blood borne pathogen disease. (AIDS & Hepatitis)

I, _____, **decline** to receive the Hepatitis B vaccine. I have read & understand the above stated comments of the District.

I, _____, **agree** to receive the Hepatitis B vaccine. I have already or will during first block of the program, receive the Hepatitis B vaccine. I have read & understand the above stated comments of the District.

I, _____, **already have received** the Hepatitis B vaccine & *have attached my immunization record*. I have read & understand the above stated comments of the District.

Witness Signature

Date

APPLICANT AGREEMENT RECORD

I, print name: _____, an applicant for the (print name)
June 2017 South Howell County Ambulance Paramedic agree to the following:

I understand my completed application must be received by SHCA, on or before April 15, 2017

That there is an answer or response to every question. If a question does not apply, indicate with N/A. If you are not sure if a question applies, contact SHCA.

Understanding that all the requested information in the application will be provided by me, all statements are true & correct to the best of my knowledge, & that withholding pertinent information of providing inaccurate information may nullify my application.

Incomplete forms in any part of the application will not be processed & further consideration may not be given to the application.

I understand that I will be required to comply in a specified time period with any written or oral request communicated to me by any individual representing SHCA as it applies to my application.

I understand that this application process is part of the student select process only & is not to be considered an indication or obligation by SHCA in making an appointment for acceptance.

Failure to acknowledge or comply with any of the statements above may result in my disqualification as a candidate & delay of reapplication until the next EMT course.

NOW THEREFORE, I hereby acknowledge that I have read & fully understand each of the statements contained herein above, & further, that I had the opportunity to ask for clarification of each of the statements, & that my signature was not placed hereon until I fully understood each statement.

Signature: _____ Date: _____

Admission Process

- 1. If you believe you have a disability that will require accommodations during the application process or during your enrollment as a student, please contact the Education Office as soon as possible. Disabilities include but are not limited to: reading, ability to take tests, ADHD, Dyslexia, Vision (blurred/color blind etc.), hearing loss

- 2. Complete & sign all the Application records:
 - a. Emergency Contact Record
 - b. Admission Drug & Alcohol Testing Record
 - c. Student Applicant Record
 - d. Hepatitis B Virus Vaccine Record
 - e. Physicians Verification of Student Health Status Record must be completed by your physician & returned to the Education Office as a means of verifying that your health will permit you to meet the technical requirements defined by the functional position description, either with or without reasonable accommodations
 - f. Applicant agreement Record
 - g. Military Service Record
 - h. Criminal Background Affidavit
 - i. Request for Criminal Background Check

- 3. Learning Style Exam

- 4. Obtain & attach the following documents:
 - a. High school diploma/GED
 - b. Two (2) letters of recommendation
 - c. Verification of immunization against tetanus, diphtheria, mumps, measles, and rubella, & Varicella, Negative results from a tuberculosis skin test or chest x-ray performed in the last 12 months.
 - d. Copy of your current driver's license – picture identification
 - e. Copy of your social security card
 - f. Copy of your negative 2-Step TB Skin test/negative chest x-ray i. You are able to obtain this from the Howell County Health Department.
 - g. Copy of your EMT License

- 5. Submit your completed application with the accompanying documents to the Education Department.

- 6. After we receive and review for completeness your application we will contact you to schedule a time for a personal interview.

- 7. When you receive your acceptance letter, you're ready for class!