Erie Community College South will be conducting a full-time day and evening Paramedic program starting in August of 2015. In addition to being online, applications are available at the EMT Department, Building #3, 1st floor in room 3130 or by calling the ECC South EMT department at 851-1781 or 851-1797.

AM I QUALIFIED?
You are eligible to apply if:
- You are currently certified as an EMT or higher in NYS
- You have graduated from high school or possess a GED
- You do not have a criminal record
- You are physically fit to provide pre-hospital care
- If you have attended ECC previously, you must be in good academic standing.

WHAT ARE THE PREREQUISITES?
- You must successfully complete the ECC pretest for Math (AARLV2 or higher) & English (AWRLV3 & ARELV3 or higher) unless exempt.

WHEN ARE THE CLASSES?
Full-time day and evening programs are offered. They will start in August 2015 and end in August 2016. The day section will run on Mondays, Tuesdays and Thursdays from 8:30am to 2:30pm. The evening section will run on Mondays, Wednesdays and Thursdays from 4:30pm to 10:30pm.

Clinical time is flexibly scheduled after class and on off class days.

APPLICATION DEADLINE!
Deadline for return of the application with all required attachments will be 12:00 noon, Friday April 24th, 2015. Interviews will be conducted as applications are received. If seats remain available, late applications may be considered until June 19th, 2015. Admission priority will be given to qualified students who meet the April 24th, 2015 deadline. Early application submission is encouraged.

Any questions, please call John Wall (270-5341), or Scott Corcoran (851-1797) of the EMT Department.
APPLICATION INSTRUCTIONS CHECKLIST

Completing the steps of the checklist will be the most efficient way of processing the students into the Erie Community College EMT-Paramedic program.

<table>
<thead>
<tr>
<th>COMPLETE</th>
<th>ITEM</th>
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<tbody>
<tr>
<td>1.</td>
<td>Obtain the hard copy Paramedic program application from the department or online.</td>
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<tr>
<td>2.</td>
<td>Complete and sign the EMT DEPARTMENT admissions application.</td>
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<tr>
<td>3.</td>
<td>Attach a copy of your current EMT card to the Paramedic program application. If your EMT card expires prior to the end of the program, you must make arrangements to recertify now.</td>
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<tr>
<td>4.</td>
<td>Complete the separate Erie Community College Admissions application in its entirety online (<a href="http://www.ecc.edu">www.ecc.edu</a>).</td>
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<tr>
<td>5.</td>
<td>An official copy of your high school and previous college transcripts (if applicable) must be sent to: <strong>Erie Community College South, Office of Admissions, 4041 Southwestern Blvd., Orchard Park, NY 14127</strong></td>
</tr>
<tr>
<td>6.</td>
<td>The <strong>Supervisor Recommendation form</strong> you received with your Paramedic program application should be given to a supervisor of your choice. Be sure to fill out the top part and sign it. Check the waive option of your choice (required).</td>
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<tr>
<td>7.</td>
<td>Check with your supervisor to ensure the recommendation has been sent to the EMT Department.</td>
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<tr>
<td>8.</td>
<td>Make an appointment with the Admissions Office by calling 851-1655. Bring the EMT Department Paramedic application to the appointment. Do not mail the application.</td>
</tr>
<tr>
<td>9.</td>
<td><strong>After</strong> the college admissions appointment, <strong>come to the EMT department</strong>; building 3, room 3130 or call 851-1781 to schedule a faculty interview. <strong>Bring the completed Paramedic program application with you.</strong></td>
</tr>
<tr>
<td>10.</td>
<td>Schedule the Math and/or English pretest if necessary.</td>
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</tbody>
</table>

Upon completion of the above application process, you will be notified of your admission status by mail. Upon admission, you will receive an ECC Allied Health Physical and Immunization form. This must be completed by a physician and returned to: **Erie Community College - South**  
**Health Office**  
**4041 Southwestern Blvd.**  
**Orchard Park, NY 14127**

Admissions requirements are not complete until the college health office verifies a completed health form. You must make 3 copies for yourself, before submitting the original to the Health office.

**It is strongly encouraged that candidates have as much field EMT patient care experience as possible, (NOT DRIVING).**

Experience has demonstrated that candidates with minimal EMT patient contact experience have a much more difficult time meeting program requirements. **Being an ACTIVE member of a volunteer or commercial EMT unit prior to applying is STRONGLY RECOMMENDED!**

Applicants must not have any misdemeanor or felony convictions. If a candidate has a conviction, it will be individually reviewed, and any such conviction may not be an automatic bar to certification. The NYS Department of Health will determine if the conviction is applicable under the provisions of 10 NYCRR part 800.
EMERGENCY MEDICAL TECHNOLOGY DEPARTMENT

PLEASE INDICATE WHICH CLASS YOU ARE APPLYING FOR:     SEMESTER: SPRING / FALL        YEAR:_______________

ALL STUDENTS must also complete a college application at www.ecc.edu. Part-time apply as non-matriculated students under the partnerships section of the drop-down menu. Full-time select the desired certificate or degree track.

RECERTIFICATION STUDENTS: Complete the above section, credentials and signature sections ONLY.

Original Students: OSHA requires fit-testing for an N95 particulate respirator mask before you can provide patient care. Please see your agency officer and take care of this before entering the program. Without a statement saying you have been fit-tested, and have a mask, you will not be permitted to participate in field internship or clinical.

CREDENTIALS: Submit photocopy of all cards

<table>
<thead>
<tr>
<th>CREDENTIAL</th>
<th>NUMBER</th>
<th>EXPIRATION DATE</th>
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<tbody>
<tr>
<td>Basic EMT</td>
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<td>Advanced</td>
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<td>CC 3</td>
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<td>PARAMEDIC</td>
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<td>PALS</td>
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<td>PALS</td>
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<td>ITLS</td>
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<td>ACLS</td>
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IF RECERTIFYING, DO YOU PLAN TO CHALLENGE: YES  NO

FULL TIME STUDENTS - ADMISSIONS ADVISEMENT REQUIRED:

MATH PRETEST/PREREQUISITE: (Only 1 required.)
- Waived from pretest
- Pretest code AARLV2 or higher
- Completed non-credit MT001 or MT003

ENGLISH PRETEST/PREREQUISITE: (Only 1 required.)
- Waived from pretest
- Pretest code AWRLV3 & ARELV3 or higher
- Completed non-credit EN 020

Student in good academic standing? YES  NO

Recertification challenge skills sheets may be found at www.health.state.ny.us/nysdoh/ems/pdf

Personal Affirmation:
I affirm that in accordance with the requirements of 10 NYCRR Part 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of health will determine if the conviction is applicable under the provisions of Part 800. I affirm that the statements made on this application (including attachments) are true under penalties of perjury.

APPLICANT SIGNATURE                DATE
EDUCATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>DID YOU GRADUATE</th>
<th>DIPLOMA DEGREE</th>
<th>MAJOR COURSE OF STUDY</th>
<th># COLLEGE CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>YES NO</td>
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<tr>
<td>GED Issuing Agency</td>
<td>Number:</td>
<td>Date of Issue:</td>
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<tr>
<td>College/Technical</td>
<td>YES NO</td>
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EXPERIENCE: EMS ONLY

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<tr>
<th>Name of Agency</th>
<th>Address</th>
<th>City &amp; State</th>
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</thead>
<tbody>
<tr>
<td>Type of Business</td>
<td>Your Title</td>
<td>Name &amp; Title of Your Supervisor</td>
</tr>
<tr>
<td>Duties: Describe the Nature of the Work Personally Performed By You</td>
<td></td>
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</table>

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</tbody>
</table>

Paramedic Only

In a detailed narrative form, describe the amount of patient care experience you currently have, functioning as an EMT, in a non-driver role. Also describe why you are applying to the paramedic program. You may use an additional sheet of paper if necessary and attach it to this application.

=================================================================================

THIS SECTION IS FOR EMT DEPARTMENT USE ONLY

Faculty Advisement

Signature & Date

REFERENCE FORM RECEIVED: DATE: ________________________

ADMISSION STATUS: ADMIT NOT ADMIT DAY EVENING CERTIFICATE DEGREE

Decision Date ________________________

Physical sent to student? YES NO Date: ________________________

(06/2014)
IMPORTANT !!!

FOR STEP #8 IN THE APPLICATION CHECKLIST:

Transcripts may be mailed but NOT the Paramedic Application, NO matter what anyone else tells you! The completed Paramedic Application must be hand carried to the Admissions Office when you appear for your appointment. The college application must be completed online.

PARAMEDIC APPLICATIONS MAILED ARE CONSIDERED NOT SUBMITTED, AND COULD PREVENT YOU FROM COMPLETING THE ADMISSIONS PROCESS.
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Verification of Membership
in a NYS EMS Agency

Please print legibly in capital letters or type. Put one letter or number in each box.
This form must be completed and returned to the Course Sponsor prior to the completion of the course.

Course Number __________________________ (Please retain this number for future reference)

Check if this application is for: □ Original Certification □ Recertification (If you are recertifying you must include your NYS EMS I.D. Number)

EMS Identification Number (If you have one)
Only write your NYS EMS number in this space

Applicant's Last Name __________________________

Applicant's First Name and M.I __________________________

If you belong to an EMS agency, please indicate the agency code in the box(es) below.

Primary EMS Agency __________________________

Secondary EMS Agency __________________________

Primary Agency Name __________________________

Primary Agency Captain, Chief, or other agency official signing the affirmation on this form

Last Name __________________________

First Name and M.I. __________________________

Official's Agency Title __________________________

NYS EMS Identification Number (If you have one) __________________________

Personal Affirmation
I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

Agency Official's Signature) __________________________

(Date)

Applicant's Signature) __________________________

(Date)
Dear Sir or Madam:

The individual whose name appears on the attached recommendation form has applied to the Erie Community College Paramedic Program.

We would appreciate your time in answering the questions to the best of your knowledge of the applicant. If the waive option was checked, the individual has waived the right to examine the contents of your reply. Please return this recommendation in a timely manner, since an admission decision cannot be made until we receive all required information.

Thank You for taking the time in your busy schedule to complete this task.

RETURN TO:                                     Erie Community College
EMT Department Paramedic Program
4041 Southwestern Blvd.
Orchard Park, NY  14127
TO THE APPLICANT:
Please read and fill in the top portion of this form. You should then give this form to an individual who has worked with you in the field in a supervisory capacity. This can be a crew chief, field supervisor, or a line officer of your volunteer fire department. The individual chosen should be able to verify your patient care experience, which you stated in your application, along with evaluating your field performance.

Applicant Name:___________________________________________________________________________________

(Print) Last    First    Middle

This form will become part of your admissions file, but it will not be disclosed to any unauthorized individual without your consent. If you enroll at Erie Community College, you will have access to this form’s contents unless you voluntarily waive your right to access. Please check one of the boxes below before you sign and date the following statement. THIS IS REQUIRED.

I have read the information above and hereby _____ waive, _____ do not waive, my right to access this document should I matriculate at Erie Community College.

Signature:_______________________________________________Date:______________________________________

TO THE SUPERVISOR:
The intent of this recommendation is to receive you opinion on the above named candidate’s readiness and ability to complete the paramedic program here at Erie Community College. It is most desirable for candidates to enter the paramedic program with strong patient care experience and the ability to make accurate, critical, patient care decisions under pressure.

1. How long and in what capacity have you known the applicant?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. What observations are you able to make with respect to the applicant’s intellectual qualities and their ability to function under pressure?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
3. What can you tell us about the applicant’s character and personal qualities? Are there any special strengths or weaknesses that we should consider? In your opinion, does the applicant have the ability and social maturity to function as a paramedic?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please check the boxes below on the basis of your knowledge of this candidate.

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<thead>
<tr>
<th></th>
<th>Below average</th>
<th>Average</th>
<th>Good (Above average)</th>
<th>Excellent (Top 10%)</th>
<th>Truly outstanding (Top 2-3%)</th>
<th>No basis for evaluation</th>
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<tr>
<td>Appearance</td>
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<td>Attendance</td>
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<td>Emotional Maturity</td>
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<td>Flexibility</td>
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<td>Integrity</td>
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<td>Interpersonal Skills</td>
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<td>Judgment</td>
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<td>Leadership</td>
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<td>Responsibility</td>
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<td>Self-confidence</td>
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<td>Self-Discipline</td>
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<td>Sense of Humor</td>
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<td>Overall Assessment</td>
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Signature:_________________________________________ Date:______________________

Please Print Name:_________________________________________ Title:______________________

Thank you for your time. Please return the completed form to:
Erie Community College
EMT Department Paramedic Program
4041 Southwestern Blvd.
Orchard Park, NY 14128
EMT – PARAMEDIC

REQUIRED TEXTBOOKS

Nancy Carolines Emergency Care In The Streets, 7th edition

Prehospital Emergency Pharmacology, 7th edition, Bledsoe et al

American Heart Association Advanced Cardiovascular Life Support

American Heart Association Pediatric Advanced Life Support

International Trauma Life Support For Prehospital Care Providers

RECOMMENDED TEXT

Nancy Carolines Emergency Care in the Streets Student workbook, 7th edition.