

Alvin Community College

Emergency Medical Technology Program



Program Information and Application

2019-2020



Commission on
Accreditation
of Allied Health Education Programs



Credible
education
through
accreditation

General Program Information

Certificates Offered

Emergency Medical Technician (EMT)
Advanced Emergency Medical Technician (AEMT)
Paramedic (EMT-P)

Degree Offerings

Associate of Applied Science - Paramedic

Welcome Statement

The faculty and staff of the Alvin Community College Emergency Medical Technology Program (the Program) are excited about your interest in the Emergency Medical Services field and your interest in the Program! Please read this packet in its entirety prior to completing the application.

All applications are carefully screened by a committee of Program faculty. Alvin Community College nor the Program discriminate against persons on the basis of race, color, religion, national origin, veteran status, age, sex, familial status, marital status, ancestry, and sexual or affectionate orientation.

To be admitted to the Program, students must first meet the basic entrance requirements of Alvin Community College. Please keep in mind that admission to Alvin Community College does not constitute *automatic* acceptance into the Emergency Medical Technology Program.

The Emergency Medical Services profession is both mentally and physically challenging. The program to which you are applying is both mentally and physically challenging. Because of the unique environment in which EMS personnel function, it is important to have a good understanding of the demands of the profession. A copy of the Functional Position Description is attached. Please review it carefully to assess your ability to perform the essential job functions of the profession. 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 Emergency Medical Technology Program as soon as possible. While we will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete **ALL** of the Program's requirements, either with or without reasonable accommodations.

This packet also includes a list of the program's prerequisites and several required forms. Please complete all forms carefully and provide any necessary attachments. You should consult the checklist included in this packet to ensure your application is complete. Please be aware that the time frame for immunizations is lengthy, and you should plan accordingly. We do NOT accept incomplete applications. If you have any questions, please contact us. We will be happy to assist you.

We look forward to meeting you soon!

Program Director

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Definitions of Acronyms Used in this Packet

- **ACC** – Alvin Community College
- **EMT** – Emergency Medical Technician - a specially trained medical technician certified to provide basic emergency services (as cardiopulmonary resuscitation) before and during transportation to a hospital; EMT course completion **AND** Texas certification is **REQUIRED** for any person wanting move up to the Advanced EMT courses
- **AEMT** – Advanced EMT - a provider of prehospital emergency medical services in the United States. The AEMT is authorized to provide limited advanced life support, which is beyond the scope of an EMT; Advanced EMT applicants **MUST** be certified as EMTs prior to seeking certification as an AEMT in most states; AEMT course completion is **REQUIRED** for any person wanting to advance to the Paramedic courses; Obtaining a Texas AEMT certification prior to advancing to Paramedic courses is recommended, but **optional**
- **Paramedic** - a person trained to give emergency medical care to people who are seriously ill with the aim of stabilizing them before they are taken to the hospital; Paramedic have the highest level of Emergency Medical Services training
- **The Program** – Alvin Community College Emergency Medical Technology Program
- **EMS** – Emergency Medical Services
- **TDSHS** – Texas Department of State Health Services – TDSHS is the state government entity in charge of issuing the applicant their state certification once the applicant has completed all of the Program's course requirements and has passed the certification exam administered by the NREMT
- **NREMT** – National Registry of EMT's is the testing entity that administers all EMS certification exams and reports the results to the TDSHS
- **CoAEMSP** - Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions; provides programmatic accreditation to the Alvin Community College Emergency Medical Technology Program; The standards by which the program is measured has generally been developed by the professionals involved in each discipline and are intended to reflect what a person needs to know and be able to do to function successfully within that profession. Accreditation in the health-related disciplines also serves a very important public interest. Along with certification and licensure, accreditation is a tool intended to help assure a well-prepared and qualified workforce providing health care services.
- **CAAHEP** - Commission on Accreditation of Allied Health Education Programs; an accreditation agency for postsecondary education programs in 30 health science fields; the largest programmatic accreditor of the health sciences professions. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2100 individual education programs in 32 health science occupations, to include EMS. CAAHEP accredited programs are assessed on an ongoing basis to assure that they meet the Standards and Guidelines of each profession
- **TAC** – Texas Administrative Code
- **CastleBranch** – The company that each student will use for their background check, drug testing, immunization reporting, and document tracking once accepted into the Program
- **FISDAP** – Field Internship Student Data Acquisition Program; the software that each student will use to track their skills lab progress, schedule their clinical rotations, and document their patient care reports
- **Affiliate** – a hospital or EMS agency that allows Program students to come to their facility and use the knowledge and skills learned in the classroom on live patients
- **Affiliation Agreement** – A written agreement between the hospitals and EMS agencies (affiliates) and the Program which outlines the terms of which specified services, space or personnel are provided to one organization by the other, but without exchange of moneys
- **Clinical Rotation** – a period which eligible EMT, AEMT, and Paramedic students are required to complete a specified number of hours (according to level of study) in a hospital and EMS environment to apply knowledge from the classroom to real life medical situations; these rotations allow EMS students access to live patients and to gain valuable hands-on experience while being supervised and evaluated by a preceptor; completed OUTSIDE of class time according to your personal schedule
- **Preceptor** – a teacher, instructor, or evaluator
 - **Hospital Preceptor** – an employee of the Program who is a paramedic who supervises, guides, instructs, and evaluates student during their hospital clinical rotations
 - **EMS Preceptor** – an employee of the EMS agency at which the student has chosen to do a clinical rotation; these preceptors are NOT employees of the Program; the level of the preceptor is equivalent or higher than the student level of learning

Emergency Medical Technician Applicant Qualifications

- ☐ Have completed the Apply Texas application and been accepted to Alvin Community College
- ☐ Submitted all required official transcripts to Alvin Community College
- ☐ Have access to your Alvin Community College student email
- ☐ Be at least 18 years old at the time of certification
- ☐ Have a high school diploma or GED certificate
 - the high school diploma must be from a school accredited by the Texas Education Agency (TEA) or a corresponding agency from another state. Candidates who received a high school education in another country must have their transcript evaluated by a foreign credentials evaluation service that attests to its equivalency. A home school diploma is acceptable (TAC RULE §157.33 – Certification)
- ☐ Have a valid Texas Driver's License or valid Texas Identification Card
- ☐ Have a valid Social Security Card or Permanent Resident Card
- ☐ **DO NOT** currently hold an EMT certification in the state of Texas or in any other state
- ☐ Be able to provide valid documentation of specific vaccinations/immunity *(See Page 12)*
- ☐ Have a clear background or TDSHS criminal background clearance documentation *(See Page 10)*
- ☐ Submit to drug screening and receive a negative result
- ☐ Meet the functional and physical qualifications required to work as an Emergency Medical Technician
- ☐ Complete, in its entirety, the Emergency Medical Technician application and turn it in by the posted deadline

Advanced EMT Applicant Qualifications

- ☐ Have completed the Apply Texas application and been accepted to Alvin Community College
- ☐ Submitted all required official transcripts to Alvin Community College
- ☐ Have access to your Alvin Community College student email
- ☐ Be at least 18 years' old
- ☐ Have a high school diploma or GED certificate
 - the high school diploma must be from a school accredited by the Texas Education Agency (TEA) or a corresponding agency from another state. Candidates who received a high school education in another country must have their transcript evaluated by a foreign credentials evaluation service that attests to its equivalency. A home school diploma is acceptable (TAC RULE §157.33 – Certification)
- ☐ Have a valid Texas Driver's License or valid Texas Identification Card
- ☐ Have a valid Social Security Card or Permanent Resident Card
- ☐ Have at least one of the following:
 - Valid, non-expired, non-suspended TEXAS EMT Certification or;
 - A valid course completion certificate from a TEXAS Department of State Health Services approved EMT course **AND** documentation of an approved or in-progress TEXAS Department of State Health Services EMT certification application
- ☐ American Heart Association BLS CPR Certification *(No other forms of CPR certifications are accepted)*
- ☐ Be able to provide valid documentation of specific vaccinations/immunity *(See Page 12)*
- ☐ Have a clear background or TDSHS criminal background clearance documentation *(See Page 10)*
- ☐ Submit to drug screening and receive a negative result
- ☐ Meet the functional and physical qualifications required to work as an Advanced Emergency Medical Technician
- ☐ Complete, in its entirety, the Advanced Emergency Medical Technician application and turn it in by the posted deadline

Paramedic Applicant Qualifications

- ☐ Have completed the Apply Texas application and been accepted to Alvin Community College
- ☐ Submitted all required official transcripts to Alvin Community College
- ☐ Have access to your Alvin Community College student email
- ☐ Be at least 18 years' old
- ☐ Have a high school diploma or GED certificate
 - the high school diploma must be from a school accredited by the Texas Education Agency (TEA) or a corresponding agency from another state. Candidates who received a high school education in another country must have their transcript evaluated by a foreign credentials evaluation service that attests to its equivalency. A home school diploma is acceptable (TAC RULE §157.33 – Certification)
- ☐ Have a valid Texas Driver's License or valid Texas Identification Card
- ☐ Have a valid Social Security Card or Permanent Resident Card
- ☐ Have a VALID, non-expired, non-suspended TEXAS EMT Certification or TEXAS EMT-I certification
- ☐ Have a VALID Advanced EMT course completion certificate from a TEXAS Department of State Health Services approved AEMT course (*You do not have to provide this if you have a VALID Texas EMT-I certification*)
- ☐ American Heart Association BLS CPR Certification (*No other forms of CPR certifications are accepted*)
- ☐ Be able to provide valid documentation of specific vaccinations/immunity (*See Page 12*)
- ☐ Have a clear background or TDSHS criminal background clearance documentation (*See Page 10*)
- ☐ Submit to drug screening and receive a negative result
- ☐ Meet the functional and physical qualifications required to work as a Paramedic
- ☐ Complete, in its entirety, the Paramedic application and turn it in by the posted deadline

Functional Job Description: EMT, Advanced EMT, & Paramedic

The following general position description should guide you when considering what qualifications, competencies, and tasks are required of the EMT. The ultimate responsibility for defining specific job descriptions lies with each EMS entity. This means that even though a student meets the requirements of Alvin Community College's Emergency Medical Technology Program, he or she is not guaranteed to meet those set by a specific employer.

Qualifications Required to Work as an EMS Professional

You must first successfully complete the course of study offered through the EMS Department. The Texas Department of State Health Services has approved all of our EMT courses. Once you have successfully completed the program, you are eligible for certification with the Texas Department of State Health Services. However, you will not be granted certification until you have passed the national certification exam.

You must be at least 18 years of age. You will need at least a high school education or its equivalent (a GED) to master the knowledge and skills required for successful completion. You must possess the ability to communicate verbally face-to-face, by telephone, by computer, and by radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret written and oral instructions; ability to use good judgment and remain calm in high stress situations; ability to work effectively in an environment with loud noises, flashing lights, and other distractions; ability to function effectively throughout and entire work shift (up to 24 hours without sleep); ability to read small print under life-threatening time constraints; ability to read and understand English language manuals and

road maps; ability to read information on a computer screens, ability to discern street signs and address numbers; ability to interview patients, family members, and bystanders; ability to document, on paper and using a computer, relevant information with medical and legal ramifications in a prescribed format; ability to converse in English with coworkers and hospital staff as to patient status; good manual dexterity, with ability to perform all tasks related to highest quality patient care; ability to bend, stoop, and crawl on uneven terrain; ability to withstand varied environmental conditions such as extreme heat, cold, and moisture; ability to work in low light, confined spaces, and other dangerous environments.

EMS Professional Competency Areas

EMT: You must demonstrate competence in handling emergencies using basic life support equipment and skills in accordance with all cognitive, psychomotor, and behavioral objectives in EMT National Standard Curriculum. EMT skills include effective communication skills, effective writing skills for patient care documentation, cardiopulmonary resuscitation, bandaging and splinting, traction splinting, mechanical aids to breathing, vital signs, patient assessment, spinal immobilization, automated external defibrillation, small volume nebulization, metered dose inhalers, epinephrine auto injectors, pneumatic anti-shock garment, and administration of some medications, including activated charcoal, albuterol, epinephrine, oral glucose and nitroglycerin. EMT's are required to have strong ethical and moral character.

AEMT: You must demonstrate competence in all areas related to EMT. In addition, you must demonstrate competence in handling emergencies using basic life support and limited advanced emergency medical care in accordance with all cognitive, psychomotor, and behavioral objectives in the AEMT National Standard Curriculum. AEMT skills include all EMT skills, the instruction of a supraglottic airway device and/or an endotracheal tube into a patient's airway, advanced cardiac arrest management, intravenous therapy with or without medication administration, and pediatric intraosseous infusion. AEMT's are required to have strong ethical and moral character.

Paramedic: You must demonstrate competence in all areas related to EMT and AEMT. In addition, you must demonstrate competence in handling advanced emergency medical care for critical and emergent patients who access the emergency medical system. You must master and use complex knowledge and skills to provide patient care and transportation. In addition, you must demonstrate competence in handling emergencies using basic life support, advanced life support, and critical life support in accordance with all cognitive, psychomotor, and behavioral objectives in the Paramedic National Standard Curriculum. Paramedic skills include advanced patient assessment, electrocardiogram interpretation, intravenous medication administration of multiple life-saving medications, intravenous drips, strong math skills with the ability to work difficult medical math problems quickly and efficiently, manage difficult airway situations, manage multiple patients at once, use various life-saving instruments, and possess strong knowledge of anatomy, physiology, and pathophysiology. Paramedics are required to have strong ethical and moral character.

Description of Emergency Medical Services Tasks

Receives call from dispatcher; responds to emergency calls; reads maps on paper and computer; may drive ambulance to emergency site, using most expeditious route; observes traffic ordinances and regulations. Determines nature and extent of illness or injury; takes pulse, blood pressure, and respirations; observes changes in skin color and other diagnostic signs; auscultates breath sounds; makes determinations regarding patient status; establishes priority for emergency care; provides appropriate emergency care based on competency level; May use equipment based on competency level, including but not limited to epinephrine auto injectors, small volume nebulizers, metered dose inhalers, mechanical aids to breathing, long spine board, short spine boards, glucometers, pulse oximeters, splints, bandages and pneumatic anti-shock garment.

Assists in lifting, carrying, and transporting patients to ambulance. Reassures patients and bystanders; avoids undue haste and mishandling of patients; searches for medical information emblem to aid in care. Extricates patient from entrapment; assesses extent of injury; uses prescribed techniques and appliances; radios dispatcher for additional assistance or services; provides light rescue service if required; provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries to facility, and asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department, or according to written protocol. Identifies diagnostic signs that require communication with facility. Assists in removing patient from ambulance and into emergency facility. Reports observations about patient and patient care at scene and en route to facility both verbally and in writing, provides assistance to emergency staff as required.

Replaces supplies; sends appropriate used supplies for sterilization; checks all equipment for future readiness; maintains ambulance in operable condition; ensures cleanliness of ambulance and orderliness of equipment and supplies; decontaminates vehicle interior; determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure; maintains familiarity with all specialized equipment.

Physical Guidelines: In the Classroom *and* On the Job

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	EXAMPLES
Critical Thinking	Sufficient for emergency medical judgment	<ul style="list-style-type: none"> • Independent judgments in a physician's absence; • Determine treatment priorities; • Make quick <i>life-saving</i> decisions.
Interpersonal	Sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds	<ul style="list-style-type: none"> • Life and death situations; • Family stress of patient's illness; • Peer stress from critical incident; • Cultural diversity in reactions to illness or injury.
Communication	Sufficient for interaction with others in verbal and written form	<ul style="list-style-type: none"> • Radio report of patient condition; • Comprehensive written reports of patient condition and treatment; • Verbal report to other health care providers
Mobility	Sufficient to climb, stoop, crouch, kneel, and lift 150 lbs., drag, crawl, balance, reach, push, carry, bend, walk, run, and shuffle	<ul style="list-style-type: none"> • Work in natural and man-made disasters; • Move patients from incident to safety.
Motor Skills	Gross and fine motor abilities, finger dexterity, vision and hand movements sufficient to provide safe and efficient emergency care:	<ul style="list-style-type: none"> • Tie a knot, bandage; • Give injections; • Pick up small objects; • Write with a pen
Hearing	Sufficient to monitor and assess health needs	<ul style="list-style-type: none"> • Auscultation of breath sounds; • Converse with patient; • Work around loud equipment, on roadway; • Hear radio transmissions and pager tones; • Talk on telephone
Vision	Sufficient to work in dark or dimly lit, bright light, and have spatial aptitude and form perception and color discrimination	<ul style="list-style-type: none"> • Reading and writing reports; • Visualize mechanism of injury in relation to patient's condition; • Describe size and shape of wound; • Describe patient's skin color
Tactile	Sufficient for physical assessment:	<ul style="list-style-type: none"> • Perform palpation • <i>See Motor Skills</i>
Environmental Adjustment	Ability to provide patient care in a variety of locations and conditions:	<ul style="list-style-type: none"> • Deliver patient care in all weather conditions, in water, mud, roadways, fields, buildings, high and low elevations, in hot or cold air temperatures
Concentration	Concentrate on details with moderate to severe amount of interruptions	<ul style="list-style-type: none"> • Mass-casualty events • Car wrecks • natural Disasters • CPR calls

Criminal Background Check Requirement

All of the Program's affiliates require that students complete and submit a criminal background check prior to being granted access to those facilities. The purpose of the Program performing criminal background screening is to comply with clinical affiliates who require student background screenings as a condition of our affiliation agreement and to promote and protect patient/client safety. Admittance into the Program is strictly prohibited for any applicant convicted of, conviction for an attempt of, conspiracy of, or solicitation of any of the following:

1. Murder
2. Capital Murder
3. Manslaughter
4. Criminally negligent homicide
5. Unlawful Restraint
6. Kidnapping
7. Aggravated kidnapping
8. Continuous sexual abuse of a young child or children
9. Indecent exposure
10. Indecency with a child
11. Improper relationship between an educator and student
12. Improper photography or visual recording
13. Sexual assault
14. Aggravated Assault
15. Aggravated sexual assault
16. Intentional, knowing, or reckless injury to a child, elderly individual, or disable individual
17. Intentional, knowing, or reckless, abandonment or endangerment of a child
18. Deadly conduct
19. Terroristic threat
20. Aiding suicide
21. Prohibited sexual conduct (incest)
22. Agreement to abduct a child from custody
23. Violation of certain orders in family violence case
24. Violation of protective orders in family violence case
25. Violation of protective order preventing hate crime
26. Sale or purchase of a child
27. Arson
28. Robbery
29. Aggravated Robbery
30. Burglary
31. Online solicitation of a minor
32. Money laundering
33. Medicaid/Medicare fraud
34. Cruelty to Animals
35. Compelling prostitution
36. Causing sexual performance by a child
37. Possession or promotion of child pornography
38. Any other offense for which registration as a sex offender is required

Students must not have convictions in the **last five (5) full years** from any state or jurisdiction for any of the following:

1. Assault punishable as a Class A misdemeanor or felony
2. Theft punishable as a felony
3. Misapplication of fiduciary property of financial institution punishable as a Class A misdemeanor or felony
4. Securing execution of a document by deception punishable as a Class A misdemeanor or felony (not tampering with government record)
5. False identification as/to a peace officer
6. Disorderly conduct
7. Driving under the influence
8. Driving while intoxicated

Background checks are conducted by the Program after acceptance. Accepted applicants will be given instructions for completing the background check upon receipt of their Program Acceptance email. Background checks performed by any other agency are not accepted.

Unsatisfactory Background Screening Results

A student with a significant criminal background screen will be ineligible to complete Program clinical rotations. It is suggested that students with significant background issues not apply to the Program. Because background screening is conducted after the beginning of the semester, students who make it through the application process may be asked to withdraw if unsatisfactory background results are discovered.

If the student believes his/her background information is incorrect, the *student* is responsible for providing evidence of inaccuracy of the information of the investigating agency. The student will not be able to participate in clinical rotations until the question is resolved. The inability to participate in clinical rotations will prevent a student from meeting state and national completion requirements which must be met in order to sit for the EMT certification exam.

The nature of EMS duties requires restrictions to be placed on credentialing of persons with criminal histories. The EMT Department is not able to advise a student with a criminal history if he/she will be eligible for certification upon course completion.

Questions regarding certification of applicants with criminal histories should be directed to the Texas Department of State Health Services. Please see their contact information below.

TDSHS EMS Criminal Background Review Information

Phone: 512.834.6700, then Option 5

Drug Screening Requirement

All of the Program's affiliates require that students complete and submit to a drug screen prior to being granted access to those facilities. The drug screening must be completed every **SEMESTER**. Students who test positive for the following substances without providing a valid prescription will not be allowed to complete clinical rotations:

1. Amphetamines
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolites
5. Marijuana
6. Methadone
7. Methaqualone
8. Opiates
9. Oxycodone
10. Phencyclidine
11. Propoxyphene

This list may be amended at any time. In addition, students are subject to further drug screening for cause.

Drug screens are conducted by the Program. Accepted applicants will be given instructions for completing the drug screen upon receipt of their Program Acceptance email. Drug screens performed by any other agency are not accepted.

Alvin Community College Allied Health Programs Drug Screening Policy

When the college determines that a student has a non-negative drug screen, the student is not allowed to attend any clinical rotations at any nursing and/or allied health program (including EMT) for a minimum of twelve (12) months and may affect his/her readmission to the Program. The student with a non-negative drug screen is required to withdraw from the clinical course and all concurrent health, nursing, or allied health programs. Prior to returning to the Program, the student must reapply and be accepted to the Program (including retesting), have a negative drug screen, and provide satisfactory documentation to the college and Program of successful drug counseling and treatment, all at the expense of the student. When a student with a non-negative drug screen is accepted back into the Program he/she will be subjected to mandatory unannounced random drug screening at their expense. Refusal to submit to random drug screens will result in mandatory withdrawal from the clinical course and all concurrent health, nursing, or allied health programs and reapplication will no longer be accepted.

ACC Student Email

It is the policy of ACC that ACC student email is the official means of communication. It is imperative that applicants list their ACC student email address on their application. Application status updates will only be sent to student ACC email addresses.

Vaccination Requirements

All of the Program's affiliates require that students are sufficiently vaccinated before entering their facilities. Therefore, students must show proof of the following vaccinations as part of the application process:

1. **Measles, Mumps, and Rubella (MMR)** – 2 shots in the series or positive antibody titer for all 3 components
2. **Varicella (Chicken Pox)** – Vaccine or medically documented history of disease or a positive antibody titer
3. **Hepatitis B (Hep B)** – 3 shots in the series or a positive antibody titer
4. **Tuberculosis (TB)** – 1 step TB Skin test (negative) or QuantiFERON Gold Blood Test or provide a clear Chest X-Ray
5. **Tetanus (Tdap)** – documentation of a Tdap booster within the past 10 years or documentation of a Td booster within the past 2 years
6. **Meningitis** – for students 22 years old and younger
7. **Flu shot** – Dated September 1st thru March 30th of the year of application

Vaccination declinations are NOT allowed.

CPR Certification

All of the Program's affiliates require that students are CPR certified prior to entering their facilities. The only CPR certification accepted by the Program is the American Heart Association BLS for Healthcare Provider certification that is greater than one year from expiring. Students accepted to the Program who do not have a CPR certification are offered a CPR course the second Saturday of each semester. The cost of the course is \$40.

Uniform Requirement

Students accepted to the Program are required to purchase a Program uniform and wear it to every class session to include the first day of class. Vendor information for purchasing the uniform will be included in the email sent to Program accepted applicants. The approximate cost of the uniform is \$130.

The uniform consists of the following:

- Student-level polo shirt
 - EMT – Blue
 - AEMT – Red
 - Paramedic – Black
- **BLACK** trauma pants
- Solid **BLACK** belt
- **Black** first responder boots
- Student-level t-shirt (*optional*)

Program Schedule Commitment

EMT – Offered in Fall, Spring, and Summer

Complete in one Semester

Total Clinical Hours for EMT - 84

Course Number	Course Name	Meeting Days/Times	Hospital Clinical Hours	EMS Clinical Hours	Total Clinical Hours
EMSP 1160	Clinical – EMT	Completed outside of class time on your own time - 16 week course during Fall and Spring - 11 Week course during Summer	36	48	84
EMSP 1501	EMT	M/W – 8:00 to Noon OR T/Th – 6:00 pm-10:00 pm - 16 week course during Fall and Spring - 11 Week course during Summer	N/A	N/A	N/A

AEMT – Complete in Fall or Spring (see below)

Total Clinical Hours for AEMT - 216

Course Number	Course Name	Meeting Days/Times	Hospital Clinical Hours	EMS Clinical Hours	Total Clinical Hours
EMSP 1166 <i>(Offered Fall and Spring only)</i>	Practicum I – EMT Paramedic	Completed outside of class time on your own time - 16 Week course	0	120	120
EMSP 1261 <i>(Offered Fall and Spring only)</i>	Clinical I – EMT Paramedic	Completed outside of class time on your own time - 16 Week Course	96	0	96
EMSP 1338 <i>(Offered in Fall, Spring, and Summer)</i>	Introduction to Advanced Practice	Wednesday 8:00 am to 4:00 pm - 16 Week course during fall and Spring - 11 Week course during Summer	N/A	N/A	N/A
EMSP 1355 <i>(Offered Fall and Spring only)</i>	Trauma Management	Tuesday 1:00 pm to 5:00 pm - 16 week Course	N/A	N/A	N/A
EMSP 1356 <i>(Offered Fall and Spring Only)</i>	Patient Assessment and Airway Management	Tuesday 8:00 am to Noon - 16 Week Course	N/A	N/A	N/A

Paramedic

2 Semesters

Begin in Fall or Spring

Complete in Spring or Summer

Total Clinical Hours for Paramedic – 564

SEMSTER ONE

Course Number	Course Name	Meeting Days/Times	Hospital Clinical Hours	EMS Clinical Hours	Total Clinical Hours
EMSP 2434 <i>(Fall and Spring Only)</i>	Medical Emergencies	Online Hybrid - 4 on-campus meetings per semester - 16 Week Course	N/A	N/A	N/A
EMSP 2444 <i>(Fall and Spring Only)</i>	Cardiology	Monday 8:00 am to Noon - 16 Week Course	N/A	N/A	N/A
EMSP 2206 <i>(Fall and Spring Only)</i>	Pharmacology	Thursday 8:00 am to Noon - 16 Week Course	N/A	N/A	N/A
EMSP 2137 <i>(Fall and Spring Only)</i>	Emergency Procedures	M/Th 1:00 pm to 5:00 pm - 8 Week Mini 1 Course	N/A	N/A	N/A
EMSP 2330 <i>(Fall and Spring Only)</i>	Special Populations	Online Hybrid - 3 on-campus meetings per semester - 8 Week Mini 2 Course	N/A	N/A	N/A
EMSP 2160 <i>(Fall and Spring Only)</i>	Clinical II –EMT Paramedic	Completed outside of class time on your own time - 8 Week Mini 2 Course	156	0	N/A

Paramedic

SEMESTER TWO

Course Number	Course Name	Meeting Days/Times	Hospital Clinical Hours	EMS Clinical Hours	Total Clinical Hours
EMSP 2261 (Fall and Spring Only)	Clinical III –EMT Paramedic	Completed outside of class time on your own time - 8 Week Mini 1 Course	144	48	192
EMSP 2143 (Fall, Spring and Summer)	Assessment Based Management	Online Hybrid - 4 On-campus Meetings per Semester - 16 Week Course	N/A	N/A	N/A
EMSP 2305 (Fall Spring and Summer)	EMS Operations	Online Hybrid - 4 On-campus Meeting per Semester 16 Week Course	N/A	N/A	N/A
EMSP 2166 CAPSTONE (Spring and Summer Only)	Practicum II – EMT Paramedic	Completed outside of class time on your own time - 8 Week Mini 2 Course	0	216	216

Cost Breakdown Per Semester

Tuition is based upon residency status on file with Alvin Community College Registrar's Office. Alvin Community College may change tuition rates and other fees without notice or when so directed by the Board of Regents.

All amounts shown are based on the 2019-2020 Catalog, purchasing a new textbook, and purchasing a new uniform. All amounts listed are estimates.

EMT	Tuition/Fees	Book	Uniform	Total
In-District Resident Tuition	\$581	\$130	\$130	\$841
Out-of-District Resident Tuition	\$857	\$130	\$130	\$1117
Non-Resident Tuition	\$1145	\$130	\$130	\$1405

AEMT	Tuition/Fees	Books	Uniform	Total
In-District Resident Tuition	\$955	\$350	\$130	\$1435
Out-of-District Resident Tuition	\$1507	\$350	\$130	\$1987
Non-Resident Tuition	\$2083	\$350	\$130	\$2563

Paramedic Semester 1	Tuition/Fees	Books	Uniform	Total
In-District Resident Tuition	\$1240	\$520	\$130	\$1890
Out-of-District Resident Tuition	\$1714	\$520	\$130	\$2364
Non-Resident Tuition	\$2650	\$520	\$130	\$3300

Paramedic Semester 2	Tuition/Fees	Books	Uniform	Total
In-District Resident Tuition	\$816	\$520	\$130	\$1466
Out-of-District Resident Tuition	\$1138	\$520	\$130	\$1788
Non-Resident Tuition	\$1474	\$520	\$130	\$2124

Program Accreditation

The Alvin Community College Emergency Medical Technology Program is currently accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

CoAEMSP

8301 Lakeview Parkway
Suite 111-312
Rowlett, TX 75088
(214) 703.8445

CAAHEP

25400 US Highway 19 North
Suite 158
Clearwater, FL 33763
(727) 210.2350

Should you have any questions concerning the information contained in this packet, please contact the Emergency Medical Technology Department.

Phone: 281.756.5610

Email – EMT@alvincollege.edu

Step-by-Step Admissions and Application Process

1. Apply to Alvin Community College. [ACC Application](#)
2. Submit **OFFICIAL COPIES** of all transcripts to Alvin Community College.
3. Complete the appropriate Emergency Medical Technology Program application.
 - a. EMT
 - b. Advanced EMT
 - c. Paramedic
4. Turn in the completed **APPROPRIATE** application and any requested attachments to the department secretary in S108 by the deadline.
5. Double and triple check the Application Checklist to ensure you have all required forms and attachments
6. Bring your completed application to the Health Science Building (S Building) Room 108, and turn in your application and attachments to the EMT Program administrative assistant.

Before completing the application, be sure to carefully review the Functional Position Description. This document describes the physical and mental tasks the EMS profession requires. 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 Office of Disability Services as soon as possible.

Office of Disability Services

Building A, Room 134

Hours: M-F 8:00 am - 5:00 pm

281.756.3533

NOTE: Please retain copies of all documents you provide as part of the admissions process. Employers frequently require similar documents as part of their application process. The Program does NOT routinely provide students with photocopies of CPR cards, immunization records, EMT certificates, or similar documents from their files.

Please return the following pages along with the required documents to the EMT Department. Please be mindful of which application is relevant to you. If you do not have a current, valid Texas EMT certification, you cannot apply for AEMT or Paramedic. If you do not have proof of completing a TDSHS approved AEMT course or a valid Texas AEMT certification, you cannot apply for Paramedic courses.

***There are 3 different
application types:***

-EMT

-Advanced EMT

and

-Paramedic

***Please fill out the appropriate
application.***

EMT Application

Emergency medical Technician (EMT) Application

Is this the right application for me?

If you answer "True" to **ALL** of the following questions, then this is the appropriate application for you.

1. I **DO NOT** currently hold an Emergency Medical Technician (EMT) certification in the state of Texas or in any other state in the United States.
☐ True
☐ False
2. I **DO NOT** currently have a pending Emergency Medical Technician (EMT) certification application with the Texas Department of State Health Services or any other state licensing agency.
☐ True
☐ False
3. I have **NOT successfully completed** an EMT course at this school or at any other school in the last 2 years.
☐ True
☐ False
4. I am over 17 years' old.
☐ True
☐ False
5. I am a high school senior or have a high school diploma or equivalent *and* can provide the college a *valid* transcript as proof.
☐ True
☐ False
6. I have completed the Apply Texas application and been accepted to Alvin Community College as a student.
☐ True
☐ False
7. I have a clear background or meet the criteria outlined on Pages 9-10 of this packet.
☐ True
☐ False
8. I do not abuse drugs or alcohol and will successfully pass the required drug screening.
☐ True
☐ False
9. I am confident that I am able to meet all of the functional and physical criteria outlined on Pages 5-8.
☐ True
☐ False
10. I am able to provide valid documentation of all vaccinations listed on Page 12 of this packet.
☐ True
☐ False
11. I have a valid Texas driver's license or valid Texas state identification card.
☐ True
☐ False
12. I understand that there are associated fees outside of tuition, books, and course fees that financial aid does not cover, and I have the financial means to cover these costs. (See Page 15)
☐ True
☐ False

EMT Application Checklist

Each of the following documents must be turned in by the posted deadline to the EMT Program administrative assistant in S108. Any missing documents constitutes an incomplete application. Incomplete applications are not considered for entry into the Program.

- ☐ Completed “Is this the right application for me?” Page
- ☐ EMT Application Demographics Page
- ☐ Vaccination Acknowledgement Form
- ☐ Background and Drug Screening Acknowledgement Form
- ☐ Functional and Physical Requirements Acknowledgement Form
- ☐ Completed Personal Statement Page
- ☐ 3 Completed and Sealed letters of Recommendation

EMT Application Demographics Page

Last Name:		First Name:		Middle Initial:	Preferred Name:
Mailing Address:					
Street, PO Box, Rural		Apt/Unit/Tlrl #	City	County	State Zip
Permanent/Physical Address (If different from above):					
Street, PO Box, Rural		Apt/Unit/Tlrl #	City	County	State Zip
Home Phone:		Cell Phone:		Work Phone:	
Emergency Contact Name:		Emergency Contact Phone Number:		Emergency Contact Relationship:	
ACC Student Email Address:					
Citizenship: <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> International Student					
Country of Citizenship:			Resident Card Number (if applicable):		
<input type="checkbox"/> High School Graduate OR <input type="checkbox"/> GED Certificate		School Name/City/State:		Date of Graduation:	
Are you currently enrolled in a major college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the name, city, & state:					
Colleges or Universities Attended					
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
Have you previously enrolled in an allied health program?	Program Type:	Institution Name:	City/State:	Dates Attended:	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you currently hold any healthcare certification(s)?		If so, please list all credentials you currently hold:			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Which pathway are you most interested in?					
<input type="checkbox"/> EMT Certificate <input type="checkbox"/> Advanced EMT Certificate <input type="checkbox"/> Paramedic Certificate <input type="checkbox"/> AAS Paramedic <input type="checkbox"/> Other (Please describe below)					
I am a returning Alvin Community College Emergency Medical Technology Student: <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you are a returning student, when were you last enrolled in the Program?			Semester:	Year:	

EMT Application

Vaccination Acknowledgement

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program clinical affiliates require all Program students entering their facilities to have documented proof of receiving the following vaccinations (in their entirety of series) or documented proof (titer) of immunity:

- Measles, Mumps, and Rubella
- Varicella
- Hepatitis B
- Negative Tuberculosis Test
- Tetanus
- Meningitis (for students who are 17 years to 22 years old)
- Flu

I, _____, acknowledge that the Program clinical affiliates do
(Print your First and Last Name)
not allow declinations, *for any reason*, for any of the above listed vaccinations/testing.

I, _____, acknowledge that if I do not provide proof of
(Print your First and Last Name)
immunity of the above listed communicable diseases, I will not be permitted to participate in clinical rotations and, therefore, will not achieve all of the course completion requirements needed to take the EMT, Advanced EMT, or Paramedic certification exam.

(Print your First and Last Name)

(Signature)

(Date)

EMT Application

Background and Drug Screening Acknowledgement

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)

Emergency Medical Technology Program requires each enrolled student to submit to a comprehensive background check once a year for the duration of enrollment in the Program. I acknowledge that I am responsible for the cost of the background screening. I acknowledge that a negative background screen that is not supported with approving documentation from the Texas Department of State Health Services will result in immediate mandatory withdrawal from all EMSP courses.

(Print your First and Last Name)

(Signature)

(Date)

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)

Emergency Medical Technology Program requires each enrolled student to submit to mandatory drug screening each semester I am enrolled in an EMT Program clinical course (EMT, AEMT, and Paramedic). I acknowledge that I am responsible for the cost of each drug screen. I acknowledge that I have read and fully understand the Allied Health Programs Drug Screening Policy.

(Print your First and Last Name)

(Signature)

(Date)

EMT Application

Functional and Physical Requirements Acknowledgement Form

I, _____, acknowledge that I have read, in their entirety, and
(Print your First and Last Name)
understand the Functional Job Description, Qualifications to Work as an EMS Professional, EMS Professional Competency Areas, Description of Emergency Medical Services Tasks, and the Physical Guidelines sections of this document. After reading these sections, I do hereby attest that I can perform all of the functional and physical requirements to complete the course and work as an EMS professional.

(Print your First and Last Name)

(Signature)

(Date)



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

PERSONAL STATEMENT

Please attach a separate sheet of paper if necessary. Please write legibly.

1. Please explain in your own words why you wish to enroll in the EMT course?

2. Please tell us about any experiences in your life that have led you to a career in EMS?



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications.
(i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

Under the Buckley Amendment, students at Alvin Community College are permitted to see their academic records under certain conditions. I hereby **waive** ☐ **retain** ☐ (check one) the rights thus granted me to see this letter of recommendation should I become a student at Alvin Community College – Diagnostic Cardiovascular Sonography Program.

Signature of Applicant Date

To _____
(Applicant to fill in name of person providing reference)

**PLEASE USE THIS FORM ONLY FOR YOUR RECOMMENDATION
MAIL TO ADDRESS AT BOTTOM, OR
RETURN WITH APPLICANT IN SEALED ENVELOPE**

- II. The above named person is applying for admission to the Diagnostic Cardiovascular Sonography Program, Alvin Community College, and has given your name as a reference. Would you please comment on the applicant's major strengths and weaknesses with regard to a career in health care? Please supply any additional information which might help us in considering the applicant and return this recommendation form to the address listed at the bottom of this form.

Acquaintance with Applicant:

1. How long and in what capacity have you known this applicant? _____

COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

III. Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	(3) Superior	(2) Above Average	(1) Average	No Basis for Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve them Effectively				

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic

IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
() Recommend () Do not recommend

Please type or print

Your Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Date: _____

Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:
Alvin Community College – EMT Program
3110 Mustang Road
Alvin, TX 77511



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications. (i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

Under the Buckley Amendment, students at Alvin Community College are permitted to see their academic records under certain conditions. I hereby **waive** ☐ **retain** ☐ (check one) the rights thus granted me to see this letter of recommendation should I become a student at Alvin Community College – Diagnostic Cardiovascular Sonography Program.

Signature of Applicant Date

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(Applicant to fill in name of person providing reference)

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Acquaintance with Applicant:

1. How long and in what capacity have you known this applicant? _____

COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

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Characteristics	(3) Superior	(2) Above Average	(1) Average	No Basis for Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve them Effectively				

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic

IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
() Recommend () Do not recommend

Please type or print

Your Name: _____
 Organization: _____
 City: _____
 Phone Number: _____
 Signature: _____

Title: _____
 Address: _____
 State: _____ Zip: _____
 Date: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:
Alvin Community College – EMT Program
3110 Mustang Road
Alvin, TX 77511



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications.
(i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

Under the Buckley Amendment, students at Alvin Community College are permitted to see their academic records under certain conditions. I hereby **waive** ☐ **retain** ☐ (check one) the rights thus granted me to see this letter of recommendation should I become a student at Alvin Community College – Diagnostic Cardiovascular Sonography Program.

Signature of Applicant Date

To _____
(Applicant to fill in name of person providing reference)

**PLEASE USE THIS FORM ONLY FOR YOUR RECOMMENDATION
MAIL TO ADDRESS AT BOTTOM, OR
RETURN WITH APPLICANT IN SEALED ENVELOPE**

- II. The above named person is applying for admission to the Diagnostic Cardiovascular Sonography Program, Alvin Community College, and has given your name as a reference. Would you please comment on the applicant's major strengths and weaknesses with regard to a career in health care? Please supply any additional information which might help us in considering the applicant and return this recommendation form to the address listed at the bottom of this form.

Acquaintance with Applicant:

1. How long and in what capacity have you known this applicant? _____

COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

III. Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	(3) Superior	(2) Above Average	(1) Average	No Basis for Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve them Effectively				

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic

IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
() Recommend () Do not recommend

Please type or print

Your Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Date: _____

Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:
Alvin Community College – EMT Program
3110 Mustang Road
Alvin, TX 77511

Advanced EMT Application

Advanced EMT Application

Is this the right application for me?

If you answer “True” to **ALL** of the following questions, then this is the appropriate application for you.

1. I am over 18 years' old.
☐ True
☐ False
2. I have a high school diploma or equivalent *and* can provide the college a *valid* transcript as proof.
☐ True
☐ False
3. I have completed the Apply Texas application and been accepted to Alvin Community College as a student.
☐ True
☐ False
4. I **DO** have a valid course completion certificate from a Texas Department of State Health Services approved EMT course.
☐ True
☐ False
5. I **DO** have a valid, non-expired, non-suspended TEXAS EMT certification **OR** documentation of an approved or pending Texas Department of State Health Services EMT certification application
☐ True
☐ False
6. I have a clear background or meet the criteria outlined on Pages 9-10 of this packet.
☐ True
☐ False
7. I do not abuse drugs or alcohol and will successfully pass the required drug screening.
☐ True
☐ False
8. I am confident that I am able to meet all of the functional criteria outlined on Pages 5-8.
☐ True
☐ False
9. I am able to provide valid documentation of all vaccinations listed on Page 12 of this packet.
☐ True
☐ False
10. I have a valid Texas driver's license or valid Texas state identification card.
☐ True
☐ False
11. I understand that there are associated fees outside of tuition, books, and course fees that financial aid does not cover, and I have the financial means to cover these costs. (See Page 15)
☐ True
☐ False

Advanced EMT Application Checklist

Each of the following documents must be turned in by the posted deadline to the EMT Program administrative assistant in S108. Any missing documents constitutes an incomplete application. Incomplete applications are not considered for entry into the Program.

- ☐ Completed “Is this the right application for me?” Page
- ☐ Advanced EMT Application Demographics Page
- ☐ Vaccination Acknowledgement Form
- ☐ Background and Drug Screening Acknowledgement Form
- ☐ Functional and Physical Requirements Acknowledgement Form
- ☐ Completed Personal Statement Page
- ☐ 3 Completed and Sealed letters of Recommendation
- ☐ Copy of a CURRENT American Heart Association BLS Provider CPR Certification Card
- ☐ **VALID** Texas Department of State Health Services EMT Certification Document

OR

Proof of an approved or pending Texas Department of State Health Services EMT Certification Application

Advanced EMT Application Demographics Page

Last Name:		First Name:		Middle Initial:	Preferred Name:
Mailing Address:					
Street, PO Box, Rural		Apt/Unit/Tlrl #	City	County	State Zip
Permanent/Physical Address (If different from above):					
Street, PO Box, Rural		Apt/Unit/Tlrl #	City	County	State Zip
Home Phone:		Cell Phone:		Work Phone:	
Emergency Contact Name:		Emergency Contact Phone Number:		Emergency Contact Relationship:	
ACC Student Email Address:					
Citizenship: <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> International Student					
Country of Citizenship:			Resident Card Number (if applicable):		
<input type="checkbox"/> High School Graduate OR <input type="checkbox"/> GED Certificate		School Name/City/State:		Date of Graduation:	
Are you currently enrolled in a major college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the name, city, & state:					
Colleges or Universities Attended					
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
Have you previously enrolled in an allied health program?	Program Type:	Institution Name:	City/State:	Dates Attended:	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you currently hold any healthcare certification(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, please list all credentials you currently hold:			
Texas Department of State Health Services EMT Certification License Number:		National Registry (NREMT) EMT Certification Number (if applicable):			
Texas Department of State Health Services EMT Certification Expiration Date:		National Registry (NREMT) EMT Expiration Date:			
Which pathway are you most interested in?					
<input type="checkbox"/> EMT Certificate <input type="checkbox"/> Advanced EMT Certificate <input type="checkbox"/> Paramedic Certificate <input type="checkbox"/> AAS Paramedic <input type="checkbox"/> Other (Please describe below)					
I am a returning Alvin Community College Emergency Medical Technology Student: <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you are a returning student, when were you last enrolled in the Program?		Semester:		Year:	

Advanced EMT Application
Vaccination Acknowledgement

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program clinical affiliates require all Program students entering their facilities to have documented proof of receiving the following vaccinations (in their entirety of series) or documented proof (titer) of immunity:

- Measles, Mumps, and Rubella
- Varicella
- Hepatitis B
- Negative Tuberculosis Test
- Tetanus
- Meningitis (for students who are 17 years to 22 years old)
- Flu

I, _____, acknowledge that the Program clinical affiliates do
(Print your First and Last Name)
not allow declinations, *for any reason*, for any of the above listed vaccinations/testing.

I, _____, acknowledge that if I do not provide proof of
(Print your First and Last Name)
immunity of the above listed communicable diseases, I will not be permitted to participate in clinical rotations and, therefore, will not achieve all of the course completion requirements needed to take the EMT, Advanced EMT, or Paramedic certification exam.

(Print your First and Last Name)

(Signature)

(Date)

Advanced EMT Application

Background and Drug Screening Acknowledgement

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program requires each enrolled student to submit to a comprehensive background check once a year for the duration of enrollment in the Program. I acknowledge that I am responsible for the cost of the background screening. I acknowledge that a negative background screen that is not supported with approving documentation from the Texas Department of State Health Services will result in immediate mandatory withdrawal from all EMSP courses.

(Print your First and Last Name)

(Signature)

(Date)

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program requires each enrolled student to submit to mandatory drug screening each semester I am enrolled in an EMT Program clinical course (EMT, AEMT, and Paramedic). I acknowledge that I am responsible for the cost of each drug screen. I acknowledge that I have read and fully understand the Allied Health Programs Drug Screening Policy.

(Print your First and Last Name)

(Signature)

(Date)

Advanced EMT Application

Functional and Physical Requirements Acknowledgement Form

I, _____, acknowledge that I have read, in their entirety, and
(Print your First and Last Name)
understand the Functional Job Description, Qualifications to Work as an EMS Professional, EMS Professional Competency Areas, Description of Emergency Medical Services Tasks, and the Physical Guidelines sections of this document. After reading these sections, I do hereby attest that I can perform all of the functional and physical requirements to complete the course and work as an EMS professional.

(Print your First and Last Name)

(Signature)

(Date)



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

PERSONAL STATEMENT

Please attach a separate sheet of paper if necessary. Please write legibly.

1. Please explain in your own words why you wish to enroll in the Advanced EMT course?

2. Please tell us about any experiences in the EMS profession that have led you to make the decision to advance your certification?



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications. (i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

Under the Buckley Amendment, students at Alvin Community College are permitted to see their academic records under certain conditions. I hereby **waive** ☐ **retain** ☐ (check one) the rights thus granted me to see this letter of recommendation should I become a student at Alvin Community College – Diagnostic Cardiovascular Sonography Program.

Signature of Applicant

Date

To _____
(Applicant to fill in name of person providing reference)

**PLEASE USE THIS FORM ONLY FOR YOUR RECOMMENDATION
MAIL TO ADDRESS AT BOTTOM, OR
RETURN WITH APPLICANT IN SEALED ENVELOPE**

- II. The above named person is applying for admission to the Diagnostic Cardiovascular Sonography Program, Alvin Community College, and has given your name as a reference. Would you please comment on the applicant's major strengths and weaknesses with regard to a career in health care? Please supply any additional information which might help us in considering the applicant and return this recommendation form to the address listed at the bottom of this form.

Acquaintance with Applicant:

1. How long and in what capacity have you known this applicant? _____

COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

III. Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	(3) Superior	(2) Above Average	(1) Average	No Basis for Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve them Effectively				

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic

IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
() Recommend () Do not recommend

Please type or print

Your Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Date: _____

Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:
Alvin Community College – EMT Program
3110 Mustang Road
Alvin, TX 77511



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications.
(i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

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Signature of Applicant Date

To _____
(Applicant to fill in name of person providing reference)

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COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

III. Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

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A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
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K. Written Communication				
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IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
() Recommend () Do not recommend

Please type or print

Your Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Date: _____

Signature: _____

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Alvin, TX 77511



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

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Paramedic Application

Paramedic Application

Is this the right application for me?

If you answer "True" to **ALL** of the following questions, then this is the appropriate application for you.

12. I am over 18 years' old.
 - ☐ True
 - ☐ False
13. I have a high school diploma or equivalent *and* can provide the college a *valid* transcript as proof.
 - ☐ True
 - ☐ False
14. I have completed the Apply Texas application and been accepted to Alvin Community College as a student.
 - ☐ True
 - ☐ False
15. I **DO** have a VALID TEXAS Department of State Health Services EMT certification **AND** a valid course completion certificate from a Texas Department of State Health Services approved Advanced EMT course **OR** a VALID TEXAS Department of State Health Services EMT-I certification
 - ☐ True
 - ☐ False
16. I have a clear background or meet the criteria outlined on Pages 9-10 of this packet.
 - ☐ True
 - ☐ False
17. I do not abuse drugs or alcohol and will successfully pass the required drug screening.
 - ☐ True
 - ☐ False
18. I am confident that I am able to meet all of the functional criteria outlined on Pages 5-8.
 - ☐ True
 - ☐ False
19. I am able to provide valid documentation of all vaccinations listed on Page 12 of this packet.
 - ☐ True
 - ☐ False
20. I have a valid Texas driver's license or valid Texas state identification card.
 - ☐ True
 - ☐ False
21. I understand that there are associated fees outside of tuition, books, and course fees that financial aid does not cover, and I have the financial means to cover these costs. (See Page 15)
 - ☐ True
 - ☐ False

Paramedic Application Checklist

Each of the following documents must be turned in by the posted deadline to the EMT Program administrative assistant in S108. Any missing documents constitutes an incomplete application. Incomplete applications are not considered for entry into the Program.

- ☐ Completed “Is this the right application for me?” Page
- ☐ Paramedic Application Demographics Page
- ☐ Vaccination Acknowledgement Form
- ☐ Background and Drug Screening Acknowledgement Form
- ☐ Functional and Physical Requirements Acknowledgement Form
- ☐ Completed Personal Statement Page
- ☐ 3 Completed and Sealed letters of Recommendation
- ☐ Copy of a CURRENT American Heart Association BLS Provider CPR Certification Card
- ☐ **VALID** Texas Department of State Health Services EMT Certification Document

AND

a VALID Course Completion Certificate from an approved Texas Department of State Health Services Advanced EMT Course

OR

a VALID Texas Department of State Health Services EMT-Intermediate Certification

Paramedic Application Demographics Page

Last Name:		First Name:		Middle Initial:	Preferred Name:
Mailing Address:					
Street, PO Box, Rural		Apt/Unit/Tlrl #	City	County	State Zip
Permanent/Physical Address (If different from above):					
Street, PO Box, Rural		Apt/Unit/Tlrl #	City	County	State Zip
Home Phone:		Cell Phone:		Work Phone:	
Emergency Contact Name:		Emergency Contact Phone Number:		Emergency Contact Relationship:	
ACC Student Email Address:					
Citizenship: <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> International Student					
Country of Citizenship:			Resident Card Number (if applicable):		
<input type="checkbox"/> High School Graduate OR <input type="checkbox"/> GED Certificate		School Name/City/State:		Date of Graduation:	
Are you currently enrolled in a major college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the name, city, & state:					
Colleges or Universities Attended					
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
School Name/City/State:		Major &/or Degree Earned:		Dates Attended:	
Have you previously enrolled in an allied health program?	Program Type:	Institution Name:	City/State:	Dates Attended:	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you currently hold any healthcare certification(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, please list all credentials you currently hold:			
Texas Department of State Health Services EMT/EMT-I Certification License Number:		National Registry (NREMT) EMT/Advanced EMT Certification Number (if applicable):			
Texas Department of State Health Services EMT/EMT-I Certification Expiration Date:		National Registry (NREMT) EMT/Advanced EMT Expiration Date:			
Which pathway are you most interested in?					
<input type="checkbox"/> EMT Certificate <input type="checkbox"/> Advanced EMT Certificate <input type="checkbox"/> Paramedic Certificate <input type="checkbox"/> AAS Paramedic <input type="checkbox"/> Other (Please describe below)					
I am a returning Alvin Community College Emergency Medical Technology Student: <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you are a returning student, when were you last enrolled in the Program?		Semester:		Year:	

Paramedic Application
Vaccination Acknowledgement

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program clinical affiliates require all Program students entering their facilities to have documented proof of receiving the following vaccinations (in their entirety of series) or documented proof (titer) of immunity:

- Measles, Mumps, and Rubella
- Varicella
- Hepatitis B
- Negative Tuberculosis Test
- Tetanus
- Meningitis (for students who are 17 years to 22 years old)
- Flu

I, _____, acknowledge that the Program clinical affiliates do
(Print your First and Last Name)
not allow declinations, *for any reason*, for any of the above listed vaccinations/testing.

I, _____, acknowledge that if I do not provide proof of
(Print your First and Last Name)
immunity of the above listed communicable diseases, I will not be permitted to participate in clinical rotations and, therefore, will not achieve all of the course completion requirements needed to take the EMT, Advanced EMT, or Paramedic certification exam.

(Print your First and Last Name)

(Signature)

(Date)

Paramedic Application

Background and Drug Screening Acknowledgement

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program requires each enrolled student to submit to a comprehensive background check once a year for the duration of enrollment in the Program. I acknowledge that I am responsible for the cost of the background screening. I acknowledge that a negative background screen that is not supported with approving documentation from the Texas Department of State Health Services will result in immediate mandatory withdrawal from all EMSP courses.

(Print your First and Last Name)

(Signature)

(Date)

I, _____, acknowledge that the Alvin Community College
(Print your First and Last Name)
Emergency Medical Technology Program requires each enrolled student to submit to mandatory drug screening each semester I am enrolled in an EMT Program clinical course (EMT, AEMT, and Paramedic). I acknowledge that I am responsible for the cost of each drug screen. I acknowledge that I have read and fully understand the Allied Health Programs Drug Screening Policy.

(Print your First and Last Name)

(Signature)

(Date)

Paramedic Application

Functional and Physical Requirements Acknowledgement Form

I, _____, acknowledge that I have read, in their entirety, and
(Print your First and Last Name)
understand the Functional Job Description, Qualifications to Work as an EMS Professional, EMS Professional Competency Areas, Description of Emergency Medical Services Tasks, and the Physical Guidelines sections of this document. After reading these sections, I do hereby attest that I can perform all of the functional and physical requirements to complete the course and work as an EMS professional.

(Print your First and Last Name)

(Signature)

(Date)



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

PERSONAL STATEMENT

Please attach a separate sheet of paper if necessary. Please write legibly.

1. Please explain in your own words why you wish to enroll in the Paramedic course?

2. Please tell us about any experiences in your EMS career that have led to your decision to advance your certification level?



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

I. To the applicant:

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Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

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Signature of Applicant

Date

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Please type or print

Your Name: _____

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Organization: _____

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City: _____

State: _____ Zip: _____

Phone Number: _____

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