Advanced EMT Application

Commission on Accreditation of Allied Health Education Programs

CoAEMSP

Credible education through accreditation

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/Trlr # | City | County | State | Zip

Permanent/Physical Address *(If different from above)*:

_____ _____ _____ _____ _____ _____

Street, PO Box, Rural | Apt/Unit/Trlr # | 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: ☐ U. S. Citizen ☐ Permanent Resident Alien ☐ International Student

Country of Citizenship:	Resident Card Number *(if applicable)*:

☐ High School Graduate OR ☐ GED Certificate	School Name/City/State:	Date of Graduation:

Are you currently enrolled in a major college or university? ☐ Yes ☐ 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? ☐ YES ☐ NO	Program Type:	Institution Name:	City/State:	Dates Attended:

Do you currently hold any healthcare certification(s)? ☐ YES ☐ 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?

☐ EMT Certificate ☐ Advanced EMT Certificate ☐ Paramedic Certificate ☐ AAS Paramedic ☐ Other *(Please describe below)*

I am a returning Alvin Community College Emergency Medical Technology Student: ☐ YES ☐ 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 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)

_____

(Print your First and Last Name)

_____ _____

(Signature) (Date)

ALVIN COMMUNITY COLLEGE
Your College Right Now

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 – Advanced Emergency Medical Technician Program.

_____
Signature of Applicant Date

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

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

II. The above named person is applying for admission to the Advanced Emergency Medical Tecnician 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. <u>Please return this signed form to the applicant in a sealed envelope or to the following address:</u>

<u>PLEASE RETURN THIS FORM TO:</u>

emt@alvincollege.edu

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Signature:_____

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