NorthWest Arkansas Community College

Division of Health Professions

One College Drive
Bentonville, AR. 72712
(479) 619-4153

2014 PARAMEDIC APPLICATION PACKET AND CHECKLIST

This checklist is provided to assist you in your application to one of the Health Professions programs at NorthWest Arkansas Community College. Please complete each step of the admission process. Call the Health Professions Secretary at 619-4153, Jamin Snarr, Program Director, at 619-4251, or Grant Wilson 619-4121 if you have questions.

YOUR APPLICATION FILE MUST CONTAIN THE FOLLOWING INFORMATION IN ORDER TO BE CONSIDERED COMPLETE. IF YOUR FILE IS NOT COMPLETE, YOU WILL NOT BE CONSIDERED FOR ADMISSION. MISSING ITEMS OR INFORMATION WILL BE IDENTIFIED BY STAFF AND YOU WILL BE ASKED TO IMMEDIATELY SUPPLY THAT INFORMATION.
LATE APPLICATIONS WILL NOT BE ACCEPTED AND YOU WILL HAVE TO WAIT UNTIL THE NEXT CYCLE TO APPLY.

Items to be submitted to the Health Professions Division (CHP 2002)

Paramedic Program Application Packet including:

_____Application Completed
_____Essay (Typed minimum of one page on why you want to become a Paramedic)
_____Years of service/EMT Internship Form from EMS agency
_____Letter from EMS Administrator for recommendation to attend Paramedic Program
_____Student Health, Physical Condition, and Disability Form
_____Physicians Physical Statement Form
_____Letters of Recommendation from active paramedics with whom you work (3)
_____Copy of current EMT Certification
_____ Copy of CPR Card
_____Copy of current TB Skin test
_____Authorization to release information form

After acceptance into the Paramedic Program (within first month), you will be required to create an account with CertifiedBackground.com and provide them with Immunization information (to include, MMR, Varicella, TB test & Hep B). They will do a Federal Criminal background check and a 10-panel drug screen. *(required by the hospitals you will be attending for clinical rotations- has to be done less than one month prior to starting clinical rotations so wait until you are accepted to have these done)* The cost of this account will be $122.00, paid by the student. Immunization fees vary; an estimated cost is up to $379.00 (depending on if you need further vaccinations). You will also be required to show proof of valid proof of Health insurance.

Items to be submitted to Student Services:

____ 1.Application for Admission to the College (if not already enrolled at NWACC)

____ 2.Submit **official** college transcripts from all colleges attended. Transcripts must be sent directly from the Registrar's Office to NWACC Student Services. Also, if a transcript evaluation for credit received at another institution is needed, request a Transcript Audit Form and submit it to Student Services.

Return all required forms in this packet to the Health Professions Division or Registrar's Office as indicated. Please submit as one packet. Deadline to submit forms is the first Monday of March.

COMPLETE AND FILE ALL NECESSARY FINANCIAL AID APPLICATIONS WITH THE FINANCIAL AID OFFICE WELL IN ADVANCE OF THE BEGINNING OF THE SEMESTER. Recommend file FAFSA no later than March 1, 2013. Submit Financial Aid Application to: NWACC Financial Aid – 2nd floor of Student Center.

A. Curriculum

1. The Paramedic *Certificate Program* consists of 25 Hours of prerequisite courses and 37 hours of Paramedic core courses for a total of 62 credit hours.
2. The *A.A.S. degree program* consists of 25 Hours of prerequisite courses (EMT & First Responder) and 37 hours of Paramedic core courses and 15 hours of additional courses for a total of 79 credit hours.
3. A grade of "C" or above in all required courses is necessary in order to complete the program.
4.

B. Paramedic Program Admission Requirements

1. The following courses are required for admittance:
   a. Anatomy and Physiology I
   b. Anatomy and Physiology II
   c. Cardiac Dysrhythmia
   d. Medical Terminology
2. Please note that the course titled **"EMT Internship" is required** for all student applicants who *have not worked for an ambulance* service for a minimum of one year. This course will be exempt for EMTs who work for an emergency paramedic level service and provide a letter from the licensed emergency service (form letter enclosed). C**ompletion of this course or written documentation from licensed emergency service is required (see form attached)**.
3. A student must meet NWACC admission criteria and the criteria for admission to the Paramedic program before applying for the Paramedic Certificate or A.A.S. degree program. Students must have an official high school diploma or equivalency.
4. Must have current Arkansas EMT Certification.
5. Submit completed application and required forms to the Health Professions Division.
6. Write a brief essay on how you learned of our program and why you want to become a paramedic. This essay is to be typed, double-spaced and no longer than one page in length. (Please pay attention to spelling and grammar.) Turn in with completed application packet.
7. Turn in three letters of recommendation from 3 Paramedics working on an emergency Service
8. Turn in a letter of recommendation from the Paramedic level Emergency Ambulance service that you work/ed for or did your internship at.

9. You will be taking the TEAS V (version 5.0) as part of the application process. **YOU MUST HAVE YOUR TEAS V TEST COMPLETED BY MARCH 27, 2014. If you want to receive TEAS V test scores from a previous session, please note that on the application (page 11).**

   It is your responsibility to log onto www.atitesting.com to create an account, register, pay the $50 (non-refundable) for the TEAS V test, and then go to the NWACC testing center to take the test.

   a) **CREATE AN ACCOUNT**: Go to www.atitesting.com and click on CREATE AN ACCOUNT.
      - Fill out the form – and click on REGISTER
      - USER ID and PASSWORD - You will need to bring your Photo ID, ATI USER ID, ATI PASSWORD, and payment receipt with you at your testing time.

   b) **REGISTER FOR THE TEAS V**: Log in under your USER ID and PASSWORD
      - Click on REGISTER FOR TEAS
      - Click on TEAS
      - Choose your state and city – Arkansas & Bentonville
      - Choose your location – NWACC testing center
      - Look at the table and select the date and time of your choice by clicking on the red REGISTER button. **There are 4 hours scheduled to take the TEAS V test. Please arrive 15 minutes prior to your start time. If you arrive past your scheduled start time, you will not be able to test.**
      - Review your registration and then click CHECKOUT

   c) **TAKE YOUR TEST:** Go to the NWACC Testing Center (Student Center building-3rd floor) 15 minutes prior to your start time on the date and time you selected to take your test. You will need to bring your Photo ID, ATI USER ID, ATI PASSWORD, and PAYMENT RECEIPT to the Testing Center. YOU MAY ONLY USE A PENCIL AND PAPER DURING THE TEST – NO CALCULATORS WILL BE USED.

You may learn more about the TEAS V, including how to order the TEAS V study guide, and/or purchase practice tests, and/or check your previous score at this website: www.atitesting.com. The NWACC Library has the study guides available for check-out.

The testing component of the application process is essential to maintain eligibility. Failure to take the TEAS V test or provide previous TEAS V scores will disqualify the applicant.

Requests for Testing Accommodations: All requests to use accommodations on the TEAS test must be approved by NWACC's Disability Resource Center (DRC). The DRC is located Student Center (Bentonville Campus) Room 114. Call or email to request an appointment at (479) 986-4076 or disability@nwacc.edu.

In order to use accommodations on the TEAS test, students who are currently using accommodations through the DRC must:
1) Complete the TEAS Accommodation Request Form available in the NWACC Testing Center at least five (5) business days in advance of your scheduled TEAS testing date.
2) Attach an original copy of your DRC Accommodation Letter to your Request Form. An additional copy for this purpose may be requested through the DRC.

Students who are NOT currently using accommodations through the DRC must:

1) Meet with a DRC professional staff member at least ten (10) business days before your scheduled TEAS test.
2) Provide appropriate documentation in support of the request in order to establish the existence of a disability and to enable staff to assess the reasonableness of the accommodations requested. Each request is evaluated on a case-by-case basis, and some may require more analysis and documentation than others. Please note that the approval of accommodations for this test does not result in the student being registered with the DRC for accommodations in their NWACC courses. You will be notified by NWACC email regarding the status of your request.
3) Once accommodations for the TEAS test have been approved, pick up the official printed TEAS Accommodation Memorandum from the DRC.
4) Complete the TEAS Accommodation Request Form available in the NWACC Testing Center at least five (5) days in advance of your scheduled TEAS testing date.
5) Attach the provided TEAS Accommodation Memorandum to your Request Form.

10. Completion of the Paramedic Entrance Exam given by the Paramedic Program. This test will be available March 4, 2013 through April 5, 2013. To schedule and take your written entrance exam please call 619-4153.

11. The selection process is based upon a point system related to grades in the courses such as those listed above, Paramedic entrance exam scores, TEAS V Test, EMT Clinical Internship, and field experience with an emergency service. A copy of the selection process criteria is made available in the application packet. Final selection for students admitted will be made by members of the Paramedic Selection Committee including the Medical Director. The selection committee has the right to make the final decision for student admission.

C. Tuition per Semester Credit Hour and Other Costs:

Check the current college schedule for tuition and registration fees. Books (for the professional core courses of the Paramedic program), scrubs, lab jacket, name badge, miscellaneous items, and liability insurance may cost approximately $300 - $350. Fees are subject to change.

After acceptance into the Paramedic Program (within first month), you will be required to create an account with CertifiedBackground.com and provide them with Immunization information (to include, MMR, Varicella, TB test & Hep B). They will do a Federal Criminal background check and a 10-panel drug screen. The cost of this account will be $122.00, paid by the student. Immunization fees vary; an estimated cost is up to $379.00. You will also be required to show proof of Valid EMT Certification and valid CPR for Healthcare Professionals and proof of Health insurance.

D. Due Date:

Official college transcripts, transcript evaluations (if credit is from another college), and the completed Paramedic Application and required forms must be submitted by the **first Monday in March.**

PHYSICAL DEMANDS- Per Federal Government

Paramedic (EMTP)
079.010

Job Responsibilities: In emergency medical situations, takes leadership role and assumes responsibility for applying specific knowledge and skills related to basic and advanced life support to patients. Provides advanced life support to patients under supervision of physician and directs lower level EMTs to assist based on their levels of competency within their scope of practice.

Essential Functions: In order to successfully perform the job of an EMTP, the following physical demands are required as defined by the *Dictionary of Occupational Titles and Classification of Jobs*

Strength Requirements including: standing, walking, sitting, lifting, carrying, pushing, pulling, and/or controls = Medium Work: Ability to lift, carry and balance up to 125 pounds.

N	**Not Present**	**Activity or condition does not exist**
O	**Occasionally**	**Activity or condition exists up to 1/3 of the time**
F	**Frequently**	**Activity or condition exists from 1/3 to 2/3 of the time**
C	**Constantly**	**Activity or Condition exists 2/3 or more of the time**

Physical Demands					**Comments**
1.	**Strength**				
	a. Standing	4%		1a	Walking and standing are major components of this job.
	Walking	5%			
	Sitting	3%			Sitting is necessary for transportation to and from the scene of emergency.
	b. Lifting		F	1b	The Paramedic is required to assist in lifting and carrying
	Carrying		F		injured or sick persons to ambulance and from ambulance
	Pushing		O		into hospital. May be required to engage in pushing and/or
	Pulling		O		pulling to assist other EMS providers to extricate patient pinned beneath vehicle, pinned inside vehicle, in vehicles with electrical hazards.
2.	**Climbing**		F	2	Climbing and balancing may be required to gain access to
	Balancing		F		site of emergency, i.e., stairs, hillsides, ladders, and in safely assisting in transporting patient.
3.	**Stooping**		F	3	Patients are often found injured or sick in locations where
	Kneeling		F		Assessment of patient is possible only through the
	Crouching		F		Paramedic's stooping, kneeling, crouching, or crawling.
	Crawling		F		
4.	**Reaching**		F	4	Required for assessing pulse, assessing breathing, blocking nose and checking for ventilation, lifting chin, head or jaw for opening airway, following angle of ribs to determine correct position for hands after each ventilation,
	Handling		**F**		compressing sternum, and assisting in lifting of patient, administering medications through intravenous therapy or other means, and handling of advanced lift support
	Fingering		**F**		equipment , such as mirror airway devices. Extension of arms to use hands and fingers to assess vital signs, feeling and touching of patient's skin to assess body warmth, handling limited equipment, and transporting of patient are important aspects of this position. Finger dexterity needed
	Feeling		**F**		to insert needle, and prepare fluids/medication for administration and to operate equipment.
5.	**Talking**			5	Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient

	Ordinary	F		Information and following directions. May be required to shout for help and additional assistance.
	Other	O		
	Hearing		5	Verbally responding to dispatcher's message on phone or radio is necessary for quick, efficient service that can be vital to life in emergency situations. Communication on scene is critical for interviewing patient and in some
	Ordinary conversation	F		Instances, significant others, and in relaying this information
				in most expedient manner. Sounds of vehicles may alert Paramedic that additional help is on the way. Other sounds can alert the Paramedic that other persons may be hurt or
	Other	F		injured, i.e., someone thrown behind a bush in a vehicle accident who cannot be seen and whose vehicle may be barely audible.
6.	**Seeing**		6	Sight is used to drive ambulance to scene of injury or illness, to visually inspect patient and area, to read map, to
	Acuity, Near	F		read small print on medication/prescription containers, to
	Acuity, Far	F		read drug reference manuals, and to administer treatment.
	Depth Perception	F		
	Accommodation	F		
	Color Vision	F		
	Field of Vision	F		

7. **General Education:** High school graduation or equivalency is required.
8. **Vocational Preparation:**
   a. College: None
   b. Vocational Education Courses: An additional 900-1200 hours of education beyond the 110 required for the Basic EMT.
   c. Apprenticeship: None
   d. In-plant Training: None
   e. On-**the-Job-Training:** During course of training, the Paramedic in training status will spend varying amounts of time in supervised clinical work in hospital and field settings.
   f. Performance on Other Jobs: None required; however, training in the military as a medic is seen as beneficial.
9. **Experience:** None. (Work as an EMT on an ambulance is recommended.)
10. **Orientation:** None.
11. **Licenses, Etc.:** Certification as Emergency Medical Technician: Paramedic, ACLS and CPR. Must maintain annual certification through continuing education
12. **Relation to Other Jobs and Workers:**
    Promotion: In some locations, Paramedics may become instructors, dispatchers or administrators.
    Transfers**:** None
    Supervision Received**:** Physician
    Supervision: Some to lower level Basic EMTs.
13. **Machines, Tools, Equipment, and Work Aids:** Ambulance, radio/telephone/pager, blood pressure cuff, thermometer, extrication devices, esophageal airway obturator, ventilation mask, spinal boards, intravenous therapy equipment: needles and fluids, anti-shock garments, wheelchairs, and stretchers, EKG machines, defibrillator, visual airway intubation and other complex equipment, and sometimes, a computer for documentation.
14. **Materials and Products:** Broad range of medications including narcotics, disposable latex gloves, bandages, universal dressings such as gauze pads, tape, blankets, pillows and sheets, oxygen, drugs, and intravenous fluids.

If you would like additional information on description of tasks and qualifications, please contact the EMS Program Director at (479) 619-4251.

ALLIED HEALTH
STUDENT APPLICATION AND SELECTION PROCESS

FLOW CHART – Paramedic Program

DATE:	**PROCESS:**
First Monday in March	Application and application materials due Before March 3 2014
Third week of March	Application file checked for completeness
Fourth week of March	Letter sent to applicant to inform applicant of missing information
March 29, 2014	Take the TEAS V Exam – must be completed between February 4 - MARCH 27, 2014
April 4, 2014	Paramedic Entrance Exams – available March 3, 2014through April 4, 2014 schedule with Health Professions Secretary 619-4153
Two days after grades due in the Registrar's Office for spring semester	Letters of notification sent to applicants
Summer registration per catalog	Register for summer classes as appropriate per program degree (pre-registration based upon acceptance to the program may occur)

PARAMEDIC APPLICANT SELECTION FORM 2014

Name: _____ Student ID: _____

Required Courses	Hours	Grade	Points Earned
SCIENCE PREREQUISITES			
BIOL 2214 Anatomy & Physiology I	4		
BIOL 2224 Anatomy & Physiology II	4		
EMTA 1001 Dysrhythmias	4		
A=4 B=3 C=2 (maximum of 12 points)		TOTAL	

GENERAL EDUCATION PREREQUISITES			
AHSC 1001 Medical Terminology	1		
Elective – Science or Math Class	4		
Elective – Science or Math Class	4		
A=3 B=2 C=1 (maximum of 9 points)		TOTAL	

WRITTEN EXAMINATION		
Score of written examination		
0.5 points are awarded for every point over 60% i.e. 68% will give you 8 points x 0.5=4points (maximum of 20 points)	TOTAL	

TEAS TEST			
	Points Possible	Score	Points Earned
Reading	10		
Composite Profile	10		
Points earned are based on your score multiplied by 10%. i.e. a grade of 95 will be awarded 9.5 points (maximum of 20 points)		TOTAL	

FIELD EXPERIENCE			
	Points Possible	Years of Service	Points Earned
Years of service	10		
For each year of experience applicant will receive 1 point up to 10 years. Must be documented with letter from service/s.		TOTAL	

EMT CLINICAL INTERNSHIP COMPLETION			
	Points Possible	Years of Service	Points Earned
	10		
Successful completion and documentation of EMT Internship Program **OR** a letter from licensed emergency service stating that You work for them or have worked for them. (maximum of 10 points)		TOTAL	

Summary	Points Possible	Points earned
Science Prerequisites	12	
General Education Prerequisites	9	
Written Examination	20	
TEAS V Test	20	
Field Experience	10	
EMT Clinical Internship Completion	10	
TOTAL POINTS	**81**	

Checklist of items to be submitted to the Health Professions Division:
(Deadline to submit information is the first Monday in March)

_____ Completed Application

_____ Essay (Typed minimum of one page)

_____ Years of service/EMT Internship Form

_____ Student Health, Physical Condition, and Disability Form

_____ Physicians Physical Statement form

_____ Three Letters of Recommendation from active paramedics you work with on a paramedic level emergency service

_____Letter of recommendation from Paramedic Emergency Ambulance service you have worked for (Administrator)

_____ Copy of current Arkansas EMT License

_____Copy of CPR Card (American Heart Association Health Care Provider)

_____Copy of Current TB Skin test

_____Authorization to release information form completed

DON'T FORGET TO

- TAKE YOUR TEAS V TEST BY MARCH 26, 2014
- TAKE YOUR WRITTEN PARAMEDIC ENTRANCE EXAM BY APRIL 4, 2014

NORTHWEST ARKANSAS COMMUNITY COLLEGE

Division of Health Professions

APPLICATION FOR ADMISSION

PARAMEDIC PROGRAM

Date _____ Student ID # _____

NAME _____Maiden name _____

Date of Birth: _____

Address _____City_____ ST _____ Zip _____

Home phone _____ Cell phone_____ Work phone _____

E-mail address_____

Name and location of high school last attended _____
_____

Did you graduate? _____ When? _____ If not, have you taken the GED? _____

List date and location of your GED exam _____

Colleges previously attended (List in order, with the most recent first)

College name and location	Dates attended	Hours earned	Degree earned
1.			
2.			
3.			
4.			

Please list any professional licenses, registrations and/or certificates you hold. (Include your EMT Certification)

Type _____ State Issued _____ Date _____ No. _____

Type _____ State Issued _____ Date _____ No. _____

Please list any Ambulance Service history.

Company _____From _____ to _____

Company _____From _____ to _____

Company _____From _____ to _____

Please List Science Courses completed and the final grades:

Course _____Institution _____Final Grade_____

Course _____ Institution _____Final Grade _____

Course _____ Institution _____Final Grade _____

Course _____ Institution _____Final Grade _____

Return this application, checklist and items on check list to:

NWACC
Connie Howarth
Health Professions Division (CHP 2002)
One College Drive
Bentonville, AR 72712

Return these required forms including: (do not send these to Allied Health)

Application to NWACC (if not enrolled)
Official College Transcripts
MMR

to: NWACC
Registrar's Office
One College Drive
Bentonville, AR 72712

TEAS V test scores (check one): ___current session (2014) ___ previous session (2013)

Letter of Recommendation - Paramedic Level Education

I have worked with _____ and I recommend that he/she be admitted into NWACC's
Print Applicants Name
Paramedic Program.

In recommending this applicant, I attest that he/she has demonstrated the characteristics necessary for continuing his/her education to the paramedic level.

This applicant is functioning at the basic EMT level with above average skills and knowledge.

I feel that he/she has the necessary attributes to become a paramedic and have no reservations in recommending him/her.

In working with this applicant, I am comfortable with the skills and knowledge and feel that he/she is a great partner in the EMS agency that we work for. I desire to work with this applicant and would like to see him/her continue his/her education to the paramedic level.

I professionally attest to the following: (check all boxes either Y=yes or N=no)

Y	N	
		I have worked with the above named applicant enough to make this recommendation.
		I have seen above average performance in this applicant on numerous occasions.
		I would like for this individual to take care of my family if they were sick.
		I have no reservations working with this applicant and enjoy going on calls with him/her.
		This applicant possesses the attributes necessary to make a great paramedic.
		I have further information about this applicant that I would like to share in person with you.
		I understand that my recommending this applicant for paramedic school is necessary for him/her to be admitted.

I hereby affirm and attest that the above statements to be true and reflect to my best judgment that this applicant is ready for paramedic level education.

_____ _____

Paramedic Name (Print) Paramedic Signature

* Form may be given to applicant or mailed directly to:

NorthWest Arkansas Community College
Health Professions Division (CHP 2002)
One College Drive
Bentonville, AR 72712

Letter of Recommendation - Paramedic Level Education

I have worked with _____ and I recommend that he/she be admitted into NWACC's
Print Applicants Name
Paramedic Program.

In recommending this applicant, I attest that he/she has demonstrated the characteristics necessary for continuing his/her education to the paramedic level.

This applicant is functioning at the basic EMT level with above average skills and knowledge.

I feel that he/she has the necessary attributes to become a paramedic and have no reservations in recommending him/her.

In working with this applicant, I am comfortable with the skills and knowledge and feel that he/she is a great partner in the EMS agency that we work for. I desire to work with this applicant and would like to see him/her continue his/her education to the paramedic level.

I professionally attest to the following: (check all boxes either Y=yes or N=no)

Y	N	
		I have worked with the above named applicant enough to make this recommendation.
		I have seen above average performance in this applicant on numerous occasions.
		I would like for this individual to take care of my family if they were sick.
		I have no reservations working with this applicant and enjoy going on calls with him/her.
		This applicant possesses the attributes necessary to make a great paramedic.
		I have further information about this applicant that I would like to share in person with you.
		I understand that my recommending this applicant for paramedic school is necessary for him/her to be admitted.

I hereby affirm and attest that the above statements to be true and reflect to my best judgment that this applicant is ready for paramedic level education.

_____ _____

Paramedic Name (Print) Paramedic Signature

* Form may be given to applicant or mailed directly to:

NorthWest Arkansas Community College
Health Professions Division (CHP 2002)
One College Drive
Bentonville, AR 72712

Letter of Recommendation - Paramedic Level Education

I have worked with _____ and I recommend that he/she be admitted into NWACC's
Print Applicants Name
Paramedic Program.

In recommending this applicant, I attest that he/she has demonstrated the characteristics necessary for continuing his/her education to the paramedic level.

This applicant is functioning at the basic EMT level with above average skills and knowledge.

I feel that he/she has the necessary attributes to become a paramedic and have no reservations in recommending him/her.

In working with this applicant, I am comfortable with the skills and knowledge and feel that he/she is a great partner in the EMS agency that we work for. I desire to work with this applicant and would like to see him/her continue his/her education to the paramedic level.

I professionally attest to the following: (check all boxes either Y=yes or N=no)

Y	N	
		I have worked with the above named applicant enough to make this recommendation.
		I have seen above average performance in this applicant on numerous occasions.
		I would like for this individual to take care of my family if they were sick.
		I have no reservations working with this applicant and enjoy going on calls with him/her.
		This applicant possesses the attributes necessary to make a great paramedic.
		I have further information about this applicant that I would like to share in person with you.
		I understand that my recommending this applicant for paramedic school is necessary for him/her to be admitted.

I hereby affirm and attest that the above statements to be true and reflect to my best judgment that this applicant is ready for paramedic level education.

_____ _____

Paramedic Name (Print) Paramedic Signature

* Form may be given to applicant or mailed directly to:

NorthWest Arkansas Community College
Health Professions Division (CHP 2002)
One College Drive
Bentonville, AR 72712

EMS Paramedic Level Emergency Service Letter of Recommendation
NWACC Paramedic Program

(*This letter of recommendation should be filled out by administration that the applicant has worked for or taken his/her EMT Internship class at. Chief, Assistant Chief or their designee)*

As representative for (EMS/Fire) _____ I recommend
(*Name of EMS or Fire Department)*

_____ for Paramedic Level Education at NWACC. He/she has
(Applicants Name)

either ridden out with our department or is an employee with our department and we feel that

the/she would be successful and a good fit in the paramedic program at NWACC.

_____ _____
Service Administrator Signature ***Date***

Student Health, Physical Condition, and Disability

Students who are accepted into an Allied Health program must be able to perform all course related physical activities. A copy of the physical tasks required for the program is included in this packet. **The student is required to have a physical and submit certification from a physician that the student is able to perform all of the related physical activities required for this profession. Proof of physical and the student's ability to perform the physical demands is to be submitted with the application packet. A copy of the Physical Demands is included for the student to take to the physician.**

In the event a student becomes pregnant, a written statement is required from a medical doctor stating that the physical exertion required during the course work and clinical work is not contraindicated. After the delivery, written notice is required from a medical doctor that releases the student to return to the normal course related activities of that particular program.

In the event of an extended (anything beyond three days) illness, injury, or surgery, two letters must be submitted by a medical physician. The first letter is due upon the onset and should state the problem and prognosis. The second letter should state fitness to return to normal course related activities and should be submitted prior to returning to the program.

The faculty and/or the advisory committee of individual programs reserve the right to make the final decision regarding a student's return to the program after a medical leave.

Students who are admitted to the Program are required to submit proof of health insurance during orientation.

NWACC strives to provide reasonable accommodation as necessary to allow a student to be successful. If you have a documented disability that would require reasonable accommodation, please contact the Office of Disability Services.

Please sign and return with your application to:

NWACC
Health Professions Division (CHP 2002)
One College Drive
Bentonville, AR 72712

_____ _____
Student Signature Date

_____ _____
Witness Signature Date

(EMS Agency to complete one of these – not both)

Letter of Employment With Emergency Paramedic Level Ambulance Service

_____ has worked for our agency since _____
Applicant's Name *Date of employment/began work*
and meets the two year experience as an EMT basic with our agency.

_____
Agency Name

_____
Agency Address

_____ _____
Signature of employer Date

OR

Letter of Completion of Clinical Internship

_____Has completed the EMT Internship with our agency. I have
Applicant's Name
reviewed the runs and responses from the preceptors and I make the following recommendation:

____ I recommend this applicant for paramedic education at NWACC.

____I do not recommend this applicant for paramedic education at NWACC.

_____ _____ _____
Name of reviewer **Signature of Reviewer** **Date**

_____
Agency Name

*****Note –3 recommendations from field paramedics also required – Forms included***

Physicians Physical Statement

I _____ have examined _____
Physician's Name - Printed EMT's Name - Printed

And have reviewed the physical demands for the skills and duties of a paramedic and have found this person to be physically able to perform these skills and duties to the best of my knowledge.

(Check one)

___I see no need for restrictions at this time.

___I have placed the following restrictions: (please list)

_____
Physician Signature

If applicant is currently employed by an EMS/Fire Agency and they require an annual physical exam, you may opt to submit a copy of that exam- attached to this form.

NorthWest Arkansas Community College
Division of Health Professions
Authorization for Release of Information

I, _____, hereby authorize members of NorthWest Arkansas Community
Print Student Name

College Faculty/Staff to release my:

(Check One for each line)

YES	NO	
		NAME
		ADDRESS
		PHONE NUMBER
		GRADES
		ATTENDANCE
		CLINICAL PROGRESSION
		PROFESSIONALISM

Please provide a list of authorized persons who may receive this information:

Employer: _____

Spouse: _____

Parent: _____

Other: _____

(By signing below, I authorize the above information to be released to the approved parties.)

_____ _____
Student's Signature Date

_____ _____
Witness Date