

Visit www.weber.edu/eh for information on application deadlines for each cohort.



**WEBER STATE UNIVERSITY
DEPARTMENT OF EMERGENCY HEALTHCARE
PARAMEDIC PROGRAM APPLICATION**

APPLICATION CHECK-OFF LIST

!!! Please submit application early, even if prerequisites are not completed !!!

1. _____ **Apply** to Weber State University if you have not done so. You must be an active student to have your application reviewed by the EH department. Follow the admissions process as directed. All previous college work must be submitted by an official transcript. Visit www.weber.edu/admissions.
2. _____ **Submit** this completed application to the Paramedic program at Weber State University, in person or via mail. This includes documentation of all immunizations required for admittance. Photocopies will be accepted.
3. _____ **Submit** \$25.00 fee with application. Check or money order **only**, payable to Weber State University. Your Application will not be considered without fee enclosed.
4. _____ **Submit** record of academic ability with your application. This can be an unofficial transcript.
 - a. Copy of high school transcripts if you have never attended college.
 - b. Copy of **all** college transcripts (official transcript must be sent to Admissions when applying to WSU).
4. _____ **Submit** current state EMT certification or licensor. A photocopy of both front and back of your badge or card is required. (Certification must be active and stay active throughout the course of the program).
6. _____ **Submit** a copy of current CPR card (front and back).
7. _____ **Complete** the departmental entrance exam. The **EMT-Paramedic Entrance Exam** is available through most secured ChiTester locations. Two attempts will be allowed. A 75% score must be obtained. Please see the prerequisite page at WEBER.EDU/ECR for additional information or contact the department at 801-626-6521.

NAME _____ **W#** _____

I am applying as a sponsored employee of _____ **(Agency)**

OR

I am applying as a non-agency affiliated (private) student.

I plan on attending the program that begins:

- Fall 20**__
- Spring 20**__
- Summer 20**__

I wish to attend the lecture component via:

- Main campus**
- Remote classroom**
- Online**

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WEBER STATE UNIVERSITY
APPLICATION FOR ADMISSION
PARAMEDIC PROGRAM

Date _____ W# _____

- Print Name

LAST FIRST MIDDLE

- Telephone Numbers

(H) (W) (C)

- Home Address

ADDRESS CITY ST ZIP

- E-mail Address

- Employer

- Current Job Title and Description

- EMT Certificate or Badge #

_____ State: _____

- Date of initial EMT Certification

_____ Date of EMT/AEMT expiration _____

- Brief description of EMT Experience (Agency, time served, etc.)

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- Emergency Contact:

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

- **HIGH SCHOOL(S) ATTENDED:**

Name of School	City and State	Date of Entrance	Date of Leaving	Degree Earned

- **COLLEGE(S) ATTENDED:**

Name of College/University	City and State	Date of Entrance	Date of Leaving	Degree Earned

- **CURRENT LICENSURES AND CERTIFICATIONS**

_____ EMT-I/Advanced EMT	_____ ABLS
_____ CPR Instructor	_____ GALS
_____ ACLS	_____ NALS
_____ PALS	_____ PHTLS
_____ PEPP	_____ ITLS
_____ AMLS	_____ NRP

Other: (detail below)

- **PREREQUISITES**

I have **completed** the following prerequisites (or higher) with a **grade of C or better**:

- | | | |
|--|---|---|
| <input type="checkbox"/> EMT Certification | <input type="checkbox"/> HTHS 1110 or Anatomy (4 cr) | <input type="checkbox"/> ENGLISH 1010 (College Writing) |
| <input type="checkbox"/> HTHS 1101 Medical Terminology | <input type="checkbox"/> HTHS 1111 or Physiology (4 cr) | <input type="checkbox"/> MATH 990 or 1010 |

If a box remains unchecked, please explain how you intend to complete this prerequisite prior to the start of the paramedic cohort for which you are applying. Please document the course attended and/or attending and estimated time of completion.

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- **AAS Degree Support Courses**

I have **completed** the following support courses for the AAS Degree with a C or better.

- ENGL 2010 PSY 1010 HLTH 3400
- MATH 1010/HTHS 1108 SOC 1010/1020 HTHS 2230

- By my initials, I recognize the estimated program expenses associated with completing a paramedic program. Expenses include but are not limited to tuition, books, lab fees, uniforms, and travel to and from clinical and field internships.
Yes _____ No _____
- By my initials I understand paramedic education is a rigorous, sequential program requiring significant time and personal commitment (clinical and field internship are often performed on weekends, evenings, and overnight).
Yes _____ No _____
- By my initials I understand that I may be assigned to a specific preceptor during my field internship and that I may be required to work the identical hours of my preceptor. If said field internship interferes with my own work or personal schedule, it is my responsibility to make the necessary arrangements to meet the hourly requirements of my field internship first.
Yes _____ No _____
- By my initials I understand that a paramedic must have the ability and agility to lift patients, get down and up from the floor without assistance, and must have physical and mental endurance to participate in 10 to 30 minute testing scenarios. I recognize if I need special accommodations for class or testing (ADA) it is **MY** responsibility to contact either the WSU student services, the National Registry or Utah BEMS. Information may be found at: <http://www.weber.edu/ssd>, health.utah.gov/ems, or nremt.org.
Yes _____ No _____
- By my initials I understand paramedic education has several “benchmark” checkpoints and/or terminal competencies that must be completed to continually progress through the program and/or be recommended for certification or licensure.
Yes _____ No _____
- By my initials I understand that certain immunizations are required by regulatory bodies and clinical agencies. These must be completed and FULLY DOCUMENTED at castlebranch.com prior to starting the paramedic program.
Yes _____ No _____
- By my initials I understand if accepted I will be required to undergo a criminal background check using LiveScan fingerprints for the Utah Bureau of EMS as part of the state application process and fee.
Yes _____ No _____

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- By my initials I understand that a separate background criminal check (BCI) for clinical clearance, (paid by the student,) will be required prior to the start of clinical rotations.
Yes _____ No _____
- By my initials I understand that the clinical agencies require a drug screen urinalysis (paid by the student) and will be required to start the clinical rotations.
Yes _____ No _____
- By my initials I understand paramedic education has an affective domain component which includes integrity, empathy, self-motivation, appearance and hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. These must be consistently demonstrated to continually progress in the program and/or be recommended for certification or licensure.
Yes _____ No _____

I do hereby certify that the statements in this application are true and complete to the best of my knowledge. I recognize that all prerequisites will be completed with a grade of C by the first day of class or as indicated in a student contract.

Signature _____

Date _____

Printed name _____

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- **Background Criminal Investigation - Urine Dug Screening - Immunizations:**
 - These items must be completed by all accepted applicants through **castlebranch.com**. Please plan on a \$110.00 fee. This must be completed prior to the end of PAR 2000.
 - Further information will be included in your acceptance package.

**Intermountain Healthcare
Drug Screen and Background Check
Testing Guidelines**

Urine Drug Screens

- Certified Laboratories / MRO:
 - Schools / educational institutions should contract with qualified laboratories (**castlebranch.com**) capable of certifying a SAM-5 drug screen by providing MRO (Medical Review Officer) assessment for any positive results.

SAM-5 Drug Test:

- Testing a urine sample for the presence of substances that include the following. All positive drug screens should be reviewed by an MRO to prevent legal liability.
 - Marijuana
 - Natural opiates
 - Amphetamines
 - Cocaine
 - PCP

Failed Test:

- a. The presence of illegal drugs without MRO justification.
- b. The presence of prescription drugs and/or metabolites for which the tested individual does not have a current prescription.
- c. Diluted, tampered, or questionable urine sample.

Criminal Background Checks

- Intermountain recommends a thorough background check of seven years.
- Upon review, relevant considerations include:
 - The time, nature and number of convictions;
 - How the conviction bears upon the duties of the job; and
 - Successful efforts toward rehabilitation.
 - If the conviction is of a sexual or violent nature, or involves drugs, the individual would not be eligible for an Intermountain clinical rotation.

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Intermountain Healthcare IMMUNIZATION Requirements

These requirements may be revised as mandated by the Centers for Disease Control and Prevention (“CDC”) or Intermountain Healthcare. Such revised requirements shall become binding upon and adhered to by the parties on and after the effective date as designated by the CDC or Intermountain Healthcare.

1. Tuberculosis screening requirements. One of the following is required:
 - (a) 2-step TST (two separate Tuberculin Skin Tests, aka PPD tests) within twelve months of each other. The last TST should be completed at the time the student/worker begins their training/work assignment at an Intermountain Healthcare Facility.
 - (b) One (1) QuantiFERON Gold blood test with negative result.
 - (c) One (1) T-SPOT blood test with negative result.
 - (d) If previously positive to any TB test, student/worker must complete a symptom questionnaire and have a chest x-ray read by a radiologist with a normal result. If chest x-ray is abnormal, the student/worker needs to be cleared by their physician or local health department before beginning their training/work assignment at an Intermountain Healthcare Facility.

2. Measles (Rubeola), Mumps and Rubella requirement. One of the following is required:
 - (a) Proof of two (2) MMR vaccinations.
 - (b) Proof of immunity to Measles (Rubeola), Mumps, Rubella through a blood test.

3. Tdap requirement:
 - (a) Proof of one (1) Tdap vaccination after age ten.

4. Varicella (Chicken Pox) requirement. One of the following is required:
 - (a) Proof of two (2) Varicella vaccinations.
 - (b) Proof of immunity to Varicella through a blood test.
 - (c) Healthcare Provider documentation of Varicella disease.

5. Flu Vaccination requirement:
 - (a) Proof of current, annual influenza vaccination.

6. Hepatitis B. The Hepatitis B series should be offered to anyone who is at risk for an occupational exposure, which is defined as someone with a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of their duties. One of the following should be performed:
 - (a) Documentation of three (3) Hepatitis B vaccinations and blood test with “Reactive” result.
 - (b) Documentation of three (3) Hepatitis B vaccinations given more than 8 weeks prior to start date with no documented blood test results (no blood test is required, but a baseline titer should be run immediately if the person has a significant exposure to blood or body fluids).
 - (c) Blood test with “Reactive” result.
 - (d) Documentation of six (6) Hepatitis B Vaccinations with blood test result of “Not Reactive” (this person is considered a “Non-Responder”).

Documentation must be provided upon request by Intermountain Healthcare. Last Revised: January 29, 2018.