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
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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Visit www.weber.edu/eh for information on application deadlines for each cohort.
Visit [www.weber.edu/eh](http://www.weber.edu/eh) for information on application deadlines for each cohort.

- **Emergency Contact:**

  NAME_______________________________________________ PHONE____________________
  
  ADDRESS                     CITY               ST               ZIP

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

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<th>Name of School</th>
<th>City and State</th>
<th>Date of Entrance</th>
<th>Date of Leaving</th>
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- **COLLEGE(S) ATTENDED:**

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<th>Name of College/University</th>
<th>City and State</th>
<th>Date of Entrance</th>
<th>Date of Leaving</th>
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- **CURRENT LICENSURES AND CERTIFICATIONS**

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

  Other: (detail below)
  
  ____________________________________________________

- **PREREQUISITES**

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

  - [ ] EMT Certification
  - [ ] HTHS 1110 or Anatomy (4 cr)
  - [ ] ENGLISH 1010 (College Writing)
  - [ ] HTHS 1101 Medical Terminology
  - [ ] HTHS 1111 or Physiology (4 cr)
  - [ ] 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.
Visit www.weber.edu/eh for information on application deadlines for each cohort.

- **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](http://www.weber.edu/ssd), [health.utah.gov/ems](http://health.utah.gov/ems), or [nremt.org](http://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](http://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 ___________________
Visit www.weber.edu/eh for information on application deadlines for each cohort.

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

- Background Criminal Investigation – Urine Drug Screening – Immunizations:
  - These items must be completed by all accepted applicants through CastleBranch. Please plan on a $114 fee due at the time you create the account
  - Further information will be included in your acceptance package
  - Do not create your CastleBranch account until you hear from the department confirming your acceptance status in the upcoming cohort

Weber State University Paramedic Program

Drug Screen & Background Check

Testing Guidelines

Urine Drug Screen:

- Certified Laboratories/MRO:
  - Schools/educational institutions should contract with qualified laboratories 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 Check:

- 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 towards rehabilitation
  - If the conviction is of sexual or violent nature, or involved drugs, the individual would not be eligible for clinical rotations. This is automatic exclusion criteria for all clinical and field agencies.

Visit www.weber.edu/eh for information on application deadlines for each cohort.
Weber State University Paramedic Program

IMMUNIZATIONS Requirements

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

1. **Tuberculosis screening requirements.** One of the following is required:
   a. 2-step TST (2 separate Tuberculin Skin Tests, aka PPD tests) within three weeks of each other. The last TST should be completed at the time the student/worker begins their training/work assignment at any healthcare facility. This is an annual requirement
   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 any healthcare facility

2. **COVID-19 vaccine(s)** – one (1) or two (2) shot series, or documentation of approved vaccine exemption. [https://weber.co1.qualtrics.com/jfe/form/SV_2b4CGsjrZ3mQfIi](https://weber.co1.qualtrics.com/jfe/form/SV_2b4CGsjrZ3mQfIi)

3. **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 and Rubella through a blood test (Positive Surface Titer)

4. **Tdap requirement.**
   a. Proof of one (1) Tdap vaccination after age ten (10) and updated every ten (10) years

5. **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 (Positive Surface Titer)
   c. Healthcare provider documentation of varicella disease

6. **Flu vaccination requirement.**
   a. Proof of annual influenza vaccination administered after August 1st of the in-coming flu season

7. **Hep B requirement.** 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 less 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 (Positive Surface Titer)
   d. Documentation of six (6) Hepatitis B vaccinations with blood test result of “Not Reactive” (this person is considered a “Non-Responder”)