

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



**WEBER STATE UNIVERSITY
DEPARTMENT OF EMERGENCY HEALTHCARE
PARAMEDIC PROGRAM 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 Emergency Healthcare (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, via email or mail (email preferred at anamcmurry@weber.edu). Photocopies will be accepted. Dept. of Emergency Healthcare, 3875 Stadium Way, Ogden UT, 84408.
3. _____ Immunizations are NOT REQUIRED at the time of application but ARE REQUIRED once admitted into the program (department will notify each student on when to begin working on proof of immunizations).
4. _____ **Submit** \$25.00 fee. After the receipt of your application, Ana McMurry will email you with instructions to pay the fee. Your application will not be considered until the fee is submitted.
5. _____ **Submit** a record of academic ability with your application. This can be an unofficial transcript for the purpose of evaluating your qualification for the program. However, official transcripts must be sent to Admissions.
 - 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 license. A photocopy of both the front and back of your badge or card is required. You must have a certification in the state in which you will complete your clinical rotations and internship. (Certification and/or license 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** needs to be scheduled with anamcmurry@weber.edu or (801) 626-6521. Two attempts will be allowed. A 75% score must be obtained. Please see the prerequisite page at weber.edu/eh for additional information or contact the department.

NAME _____ **W#** _____

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

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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**:

___ EMT Certification	___ HTHS 2110 or ZOOL 2320 (4 cr)	___ ENGLISH 1010 (College Writing)
___ HTHS 1101 Medical Terminology	___ HTHS 2111 or ZOOL 2420 (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.

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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, state and/or national testing fees, 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 I 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 to inquire. 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, even if they are not required by Weber State University. These must be completed and FULLY DOCUMENTED 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 Drug Screening – Immunizations:**
 - These items must be completed by all accepted applicants through **Verified Credentials**. Please plan on a \$110 fee due at the time you create the account (fee is subject to change without notice)
 - Further information will be included in your acceptance package
 - **Do not create your Verified Credentials 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:

Drug Test 9 - Panel + ecstasy, oxycodone & 6-AM

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 (THC, Cannabinoids)
Opiates/morphine (not synthetic, not oxy)
Amphetamines (includes meth)
Cocaine
PCP
(phencyclidine)
Benzodiazepine
Barbiturate
Propoxyphene
Methadone

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Failed Test:

The presence of illegal drugs without MRO justification.

The presence of prescription drugs and/or metabolites for which the tested individual does not have a current prescription.

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.

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Weber State University Paramedic Program

IMMUNIZATIONS

Immunizations listed may be revised as recommended by the Centers for Disease Control and Prevention (“CDC”) or our clinical or field sites. Such revised revisions shall become binding upon and adhered to by the parties on and after the effective date as designated by the CDC or by the clinical or field sites. Immunizations listed may or may not be a requirement of the CDC, clinical or field sites, regardless of the requirements of the University. Any exemption from the listed immunizations is at the discretion of the clinical or field sites and may delay or restrict the completion of the paramedic program.

1. **Tuberculosis screening requirements.** One of the following:
 - 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.
3. **Measles (Rubeola), Mumps and Rubella requirement.** One of the following:
 - 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**
 - 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:
 - 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**
 - a. Proof of annual influenza vaccination administered after August 1st of the incoming flu season.
7. **Hep 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 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”)