CHIPOLA COLLEGE
Paramedic Application

All students interested in applying to this program should contact Tina Maloy, Program Director. Submit completed EMS Program application and documentation listed below to the Admissions and Records Office at Chipola College.

The Paramedic program is a limited enrollment, competency based program. The program prepares students in the cognitive, psychomotor, and affective learning domains to become certified and licensed as a competent entry-level Paramedic. The program prepares students for the certification examination as a Paramedic in accordance with Florida Statute 401 and Chapter 64j of the Florida Administrative Code. The curriculum encompasses theoretical and simulated learning, clinical, and internship experiences following the National Education Standards and is inclusive of the Department of Education Curriculum Framework. EMS students will adhere to standards as listed in the program Emergency Medical Services Handbook that complies with the Department of Health-Bureau of EMS. This program is a forty-two (42) credit hours course that spans three (3) semesters, approximately twelve (12) months. Clinical and internship assignments are required in addition to regular class hours. (Application deadline--August 2, 2018)

The goal of the EMS Department is “to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”

Chipola accepts applications through the last day of registration. College and program applications that are submitted early enhance the opportunity for enrollment into the program.

Requirements for the Paramedic Program are as follows:

1. High School Diploma or GED.
2. Official transcripts.
3. Students must be 18 years of age.
4. Have passing Reading Score on ACT (19), CPT (83), or PERT (106). Scores must be less than two years old.
   Contact the Testing Center in the Student Services Building, Room A149 or call (850)718-2284.
5. Completed history and physical examination. (see attached forms)
7. Signed “Applicant’s Acknowledgement”.
8. Valid Florida EMT license
9. Three (3) letters of recommendation.
11. Certified in CPR for Healthcare Provider by American Heart Association or equivalent. Must turn in CPR card no later than beginning of class on September 4, 2018
12. Copy of valid driver's license.
13. Certify, under oath, that you are not addicted to alcohol or any controlled substance. Students are subject to drug screening at any time during the program.

Upon acceptance into the program:
1. Applicants must complete a background check conducted through Chipola College that will include fingerprinting, alcohol screening, and drug screening.
2. Provide a copy of proof of current health insurance.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Semester Hours</th>
<th>Term</th>
</tr>
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<tbody>
<tr>
<td>EMS 2620</td>
<td>Paramedic I</td>
<td>15</td>
<td>Fall 2018</td>
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<td>EMS 2621</td>
<td>Paramedic II</td>
<td>15</td>
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<td>EMS 2622</td>
<td>Paramedic III</td>
<td>12</td>
<td>Summer 2019</td>
</tr>
</tbody>
</table>
Estimated Cost
Florida Resident Tuition: $5,000.00. (Fees are subject to change.)

Required Books and Resources: Contact Chipola Bookstore for prices

- 0134572033 Bledsoe & Cherry, Paramedic Care Vol 1, 5th Edition
- 0134569954 Bledsoe & Porter, Paramedic Care Vol 2, 5th Edition
- 0134538730 Bledsoe & Porter, Paramedic Care Vol 3, 5th Edition
- 0134449746 Bledsoe & Porter, Paramedic Care Vol 4, 5th Edition
- 0134449754 Bledsoe & Porter, Paramedic Care Vol 5, 5th Edition
- 0134572998 MyBradyLab for Paramedic Care Vol 1-5
- 0132921065 Beasley & West, Understanding 12 Lead EKG’s, 3rd Edition
- 013218012X Bledsoe & Colbert, Essential A&P Emergency Care, 1st Edition
- 0134380991 Walraven, Basic Arrhythmias, 8th Edition
- 0134381742 MyBradyLab for Basic Arrhythmia
- FISDAP: Clinical/Internship Online Tracking (www.FISDAP.net)

Required Uniform:
- 2 - Official College polo
- 2 - Official College t-shirt
- 2 - Navy blue EMS pants
- Black belt
- Black socks
- Black boots
- ID Badge
- Stethoscope
- Pen Light
- Trauma Shears
- Watch with second hand

Class Time: Orientation—August 16, 2018 @ 5 pm (Mandatory)
A/B Schedule 9:00 a.m. – 5:00 p.m.
A modified Monday through Thursday schedule, with mandatory days to include Fridays, throughout the course of the program.

Program Director: Tina Maloy, BS, NRP
Phone: 850-718-2403
maloyt@chipola.edu

For a course syllabus, visit www.chipola.edu, Health Sciences Department.
Compliance with the above listed prerequisites does not guarantee entry into the Paramedic Program.
Admission to the program is competitive and will be based on the cumulative GPA. If college courses were taken, the college level GPA will be used in place of the high school GPA.
Admission Checklist

To be considered for the program applicants must submit all documents listed below to the Admissions and Records Office at Chipola College. It is the student’s responsibility to maintain copies of documents submitted, request transcripts and verify all documents are received by the deadline (August 2, 2018).

Name______________________________________________    SSN __________________________

In compliance with Florida Statute 119.071(5), the college collects your Social Security Number for use in the performance of the College's duties and responsibilities. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security Number of all postsecondary students to the Internal Revenue Service. This IRS requirement makes it necessary for colleges to collect the Social Security Number of every student. A student may refuse to disclose his/her Social Security Number to the College, but refusing to comply with the federal requirement may result in fines established by the IRS.

Submit the following to apply to Chipola College.

- Application for Admission
- Official High School Transcript/GED
- Official College Transcripts

Submit/complete the following to apply for the Paramedic program.

- Application for Paramedic Program
- Passing ACT/CPT/PERT Reading Score
- Medical History
- Physical Exam
- Immunization
  - TDaP
  - Hepatitis B
  - TB/PPD (within last year)
  - Varicella
  - MMRx2
  - Flu vaccination
- Emergency Medical Release (Notarized)
- Applicant’s Acknowledgement
- Copy of State of Florida EMT license
- Three letters of recommendation
- Documentation of a minimum of 240 hours of EMS experience
- Copy of current Health Care Provider CPR Card (AHA)
- Copy of Driver’s License
- Copy of Health Insurance Card (prior to clinical rotations)

*Once documents are submitted they become Chipola College property and therefore are not accessible after submission. Please make copies of your application and documents prior to submission.

Background and Drug Screening Requirements:
- Applicants must complete a background check upon acceptance into the program; background checks will include fingerprinting, alcohol screening, and drug screening. There is a fee associated with this procedure and payment will be expected at the time of service.
- Background checks will be conducted through Chipola College. Date, time, and fees will be announced once selections have been made.
- Failure to complete background checks will result in automatic dismissal from the program.

A registration appointment will be mailed to you after all information is received.

Revised 4/2018
CHIPOLA COLLEGE
Paramedic Application

NAME ____________________________________________       SSN __________________________
Mailing Address ____________________________________________________________________
Home Phone ________________________________    Cell Phone ____________________________
Email _____________________________________________________________________________
Employer Name (if applicable) _________________________________________________________
Work Phone ________________________________________________________________________
Emergency Contact Person ______________________________ Relationship ___________________
Day Phone ______________________________       Night Phone _____________________________
Have you been enrolled in a Paramedic program before? _____No _____Yes
If yes, where and when_______________________________________________________________
Why do you want to take this program?

Describe any limitations you feel would impair your ability to function in any capacity as a Paramedic.
# Medical History

**INSTRUCTIONS:**

**APPLICANT** - Complete the following then have it reviewed and signed by a practicing, licensed physician or ARNP.

**PHYSICIAN or ARNP:** Please review and sign.

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Patient’s Name

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<th>CURRENT</th>
<th>PAST</th>
<th>NONE</th>
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<th>CURRENT</th>
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<td>Loss of Extremity</td>
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<td></td>
<td>Migraines</td>
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<tr>
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<td>Peripheral vasc.dis</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Prostate Disease</td>
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<tr>
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<td></td>
<td></td>
<td>Prosthesis</td>
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<td>Substance Abuse</td>
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<td>Tobacco Use</td>
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<td></td>
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<td>Tumors/Growths</td>
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<td>Ulcer</td>
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<td>Valve Prolapsed</td>
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<td>Varicose Veins</td>
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<td></td>
<td></td>
<td>Vision</td>
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<tr>
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<td></td>
<td></td>
<td>Other</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>High Blood Pressure</td>
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</table>

I have reviewed the information indicated above.
PHYSICAL EXAM

INSTRUCTIONS: To be completed by a practicing, licensed physician or ARNP.

Patient’s Name ________________________________  Today’s Date_____________

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th>Weight</th>
<th>B/P</th>
<th>Pulse Rate</th>
<th>Rhythm</th>
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<td>Ears/Auditory</td>
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<tr>
<td>Nose, Throat, Mouth, Neck</td>
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<tr>
<td>Chest</td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Abdomen</td>
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<td>Back/Spine</td>
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<td>Extremities</td>
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</table>

Routine Medications:

Drug Allergies:

Food Allergies:

Other Allergies:

Does the patient have an active disease or is any treatment being followed which should be periodically checked? If so, explain:

List Specific Physical Limitations:

Chronic Therapy: (ex: Physical Therapy, Hemodialysis, Chemotherapy)

Note any abnormalities, physical defects, or diseases which might in interfere with the student’s attendance and progress in this program.
CURRENT TEST RESULTS: TB/PPD or chest x-ray within last year

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Date</th>
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<td>___</td>
<td>_____________</td>
</tr>
<tr>
<td>(or Chest X-ray)</td>
<td>___</td>
<td>_____________</td>
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</tbody>
</table>

Within Normal Limits

___ Yes ___ No

___ Yes ___ No

In my opinion, this applicant is free from communicable disease and will not compromise the immunosuppressed patients with who they will come in contact. The applicant’s physical and mental health is compatible with that required for this program.

The applicant **(IS) (IS NOT)** able to perform the following occupational activities: walking, standing, and sitting for long periods; stooping, lifting patients, squatting, reaching, twisting, bending, and pushing/pulling/dragging, climbing, and manual dexterity skills.

__________________________

Signature of Examining Physician or ARNP

__________________________

Date

Print Physician’s Name

Address

Phone
## IMMUNIZATION

**REQUIRED IMMUNIZATIONS** must be current:

- TDaP (Diphtheria, Tetanus and Pertussis) within last 10 years
- Hepatitis B Series, positive titer for immunity showing result numbers, or declination waiver form
- Varicella immunization x2 or positive titer for immunity showing IgG result numbers
- MMR immunization x2 or positive titer for immunity showing IgG result numbers
- Flu Vaccination

**INSTRUCTIONS:** Student must provide copies of immunization records or have a physician or ARNP complete the following.

Patient’s Name ___________________________________ Today’s Date______________

Indicate vaccines received, titers and results, include dates for each or provide copy of immunization record.

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<thead>
<tr>
<th>Disease</th>
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<th>Titer</th>
<th>Results</th>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Hepatitis B</td>
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<td>X</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>MMR (Combined)</td>
<td>X</td>
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<tr>
<td>MMR (Separate)</td>
<td>X</td>
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<tr>
<td>Mumps</td>
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<tr>
<td>Rubella</td>
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<td>Rubeola</td>
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<tr>
<td>TB/PPD</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Flu</td>
<td>X</td>
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</tbody>
</table>

_________________________  ____________________
Signature of Physician or ARNP Date
MEDICAL RELEASE

INSTRUCTIONS: To be completed by ALL students. This MUST BE notarized!

In the event that I require emergency medical assistance during Chipola College activities, I grant permission for treatment.

I understand that I am responsible for any costs incurred and the College is not financially obligated.

_________________________
Signature of student, parent, or guardian
(In ink in the presence of Notary Public)

Sworn to and subscribed to me this
day of __________, 20______

_________________________
Signature of Notary Public
APPLICANT’S ACKNOWLEDGEMENT

I understand and agree that I will be bound by the College’s regulations as published in the college catalog, student planner, and program syllabus/handbook.

I understand that by completing this application, I am not guaranteed admission into the program.

I understand that a FBI Report and Drug Screen are required as part of the application process. I further understand that if the drug test comes back positive or if there is a problem with the FBI Report, I may not be accepted or remain in the program.

I certify that the information given in this application is complete and accurate and understand that any misrepresentation of facts may result in immediate dismissal from the program.

The State of Bureau of EMS has the authority to deny licensure to applicants with a conviction, a plea of no-contest, or guilty plea, regardless of adjudication, for any offense other than a minor traffic violation. Applicants for admission with any record of a criminal charge must report this information to the Vice President of Student Affairs at the time of application. Any charges which arise after admission must also be reported to the Vice President of Student Affairs.

__________________________________     ________________________
Applicant’s Signature               Date
HEPATITIS B VACCINE WAIVER

I have reviewed information on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease and I choose not to be vaccinated against hepatitis B disease, or I will obtain the vaccine at a later date.

Student Signature ________________________________  Date __________________

Print Name ___________________________________________
HEPATITIS B INFORMATION

What is hepatitis?
“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

What is hepatitis?
“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

Is Hepatitis B common?
Yes. In the United States, approximately 1.2 million people have chronic Hepatitis B. Unfortunately, many people do not know they are infected. The number of new cases of Hepatitis B has decreased more than 80% over the last 20 years. An estimated 40,000 people now become infected each year. Many experts believe this decline is a result of widespread vaccination of children.

How is Hepatitis B spread?
Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth. Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.

Can Hepatitis B be spread through sex?
Yes. In the United States, Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.

What are the symptoms of acute Hepatitis B?
Not everyone has symptoms with acute Hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:
-Fever
-Fatigue
-Loss of appetite
-Nausea
-Vomiting
-Dark urine
-Joint pain
-Jaundice
-Abdominal pain
-Grey-colored stools

Revised 4/2018
What are the symptoms of chronic Hepatitis B?
Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

How serious is Hepatitis B?
Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

How is Hepatitis B diagnosed and treated?
Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Can Hepatitis B be prevented?
Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

For more information
Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Viral Hepatitis
www.cdc.gov/hepatitis