



Mutual Aid-UPMC-CEM Paramedic Training Consortium 2017-2018 Paramedic Training Program

Thank you for showing interest in the Mutual Aid-UPMC-CEM Paramedic Training Consortium. Enclosed is the application for the 2017-2018 class, **PLEASE READ THIS ENTIRE APPLICATION CAREFULLY**. Due to the competitive nature of the application process **any omitted information may cause your application to be disqualified**. Along with the completed application you **MUST** enclose the following documents:

Current EMT-B Card Current CPR Card High School Diploma/GED

All Required Documents as Listed on Page 6

ALL APPLICANTS MUST BE 18 YEARS OF AGE BY THE FIRST NIGHT OF CLASS

There are only **25** available seats in the program, therefore this application process is competitive. Acceptance and placement in the program is based upon a points system. The points ranking system is listed on the last page of this application. If you are not initially accepted into the program, you will be placed on a waiting list based on overall rank and number of students not initially accepted in to the program. **NO students will be added after the 3rd week of the program.**

The program will begin on **September 5, 2017 at 6pm** in the Mutual Aid Training Center at 561-563 West Otterman Street, Greensburg. Classes then will be held on **Tuesdays from 6pm –10pm and Thursdays from 8am-4pm** . **There may be scheduled clinical/lab classes on Thursday evenings. You will be notified in advance with any class schedule changes.** If you are accepted in to the program a **\$500.00 deposit is required by the first night of class** for textbooks, class uniforms and materials. **NO EXCEPTIONS**. You will need an internet access device (laptop, tablet iPad etc.) that will be required for testing, quizzes and lab activities. Costs and tuition information is listed on the second page of the application.

Accepted candidates will be notified by the Program Director, and will be expected to be in class the first night. This program will follow the standards set by The National Registry of EMT-Paramedics with the Program goal "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Please complete this application and return it to Brian Kosczuk, Program Director at PO Box 350 Greensburg, PA 15601 no later than **August 12, 2017** If you have any questions please contact Brian at 724.879.4315 or 724.972.3312 or via email at bkosczuk@mutual-aid.com

Mutual Aid-UPMC-CEM Paramedic Training Consortium is accredited by the Commission on Allied Health Education Programs (CAAHEP) by the recommendation of The Committee on Accreditation of Educational Program for the Emergency Medical Services Professions (CoAEMSP.)

**To contact CAAHEP:
1361 Park Street
Clearwater, Fl. 33756
(727) 210-2350**

**To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, Tx 75088
(214) 703-8445**



Mutual Aid-UPMC-CEM Paramedic Training Consortium

A. Personal Data (PRINT CLEARLY)

| | | | | | |
|-----------------|-----------------------|---------|----------------------|-------|----------|
| Name (Last) | | (First) | | | |
| Address | | (City) | (State) | (Zip) | (County) |
| Primary Phone # | Email | | Date of Birth | Age | |
| EMT-B Cert # | EMT-B Expiration Date | | Total # Years in EMS | | |

Circle Your Highest Level of Education: High School/GED Some College Bachelor's Degree Graduate Degree

Do you have a learning or physical disability that will require special accommodations during this program Yes / No

If Yes, Please Explain: _____

B. EMS Background (PRINT CLEARLY)

Are You Currently Employed by a Licensed EMS Agency? Yes / No (If No, then leave the rest of section C blank)

| | | |
|-------------------------------------|-------------------------|---|
| Name of EMS Agency | | How Long With This Agency: Months/Years |
| Contact Person/Immediate Supervisor | Contact Phone # & Email | |

Please List 3 References Familiar with your work in EMS

| Name | Position/Title | Email |
|------|----------------|-------|
| | | |
| | | |
| | | |



Mutual Aid-UPMC-CEM Paramedic Training Consortium

C. List All EMS Courses that You Have Completed

(EFR, EMT-B, HAZ Mat, Incident Command, etc.)

D. List Any other Public Safety Certifications You Have

(Fire, Police, Etc. Include Any Instructor Certifications)



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F. Financial Responsibility Statement

This document outlines the costs and financial responsibilities of students attending the 2017-2018 Mutual Aid, UPMC, CEM Paramedic Training Consortia Paramedic Program.

The total tuition for the 2017-2018 program will be..... **\$4,050.00**

A **\$500.00** deposit is due by the first night of class. If you do not make the deposit by the first night of class you will be excused from the program. **THERE ARE NO EXCEPTIONS.**

Tuition includes, but not limited to Program textbooks, online quiz and exam programs, Fisdap clinical tracking, class uniforms, personal liability insurance, Accreditation fees, lab fees and NRP written and practical exams.

If you provide a deposit prior to the first night of class, and are unable to attend the program and must withdraw, that deposit will be refunded to you.

Once a deposit is made and you attend the first night of class, the deposit at that point becomes **non-refundable.**

The balance of the tuition must be paid in full by the Holiday Break. If the tuition is not paid in full by that time, you may be dismissed from the program. Mutual Aid employees have the option to enroll in the payroll deduction program.

After the first night of class, no payments or tuition arrangements can be made during class time or with/through instructors, coordinators or administrators of the paramedic class. All further tuition transactions must be made through the Mutual Aid Ambulance Service, Inc. Business office located in the main building on West Otterman Street or at 724-837-6134 ext. 200

By affixing your signature below you affirm that you have read the above statement regarding the initial deposit and tuition expectations that accompany this paramedic program and you agree to the terms of the required deposit as stated.

Student Name (PRINT)



Mutual Aid-UPMC-CEM Paramedic Training Consortium

G. Required Documents

In addition to this application the following documents must also be provided:

Submitted **WITH** the application . Any application submitted that is missing any or all of the required documents will not be considered for acceptance to the program. **NO EXCEPTIONS.**

- High School Diploma/GED Certificate
- Current PA EMT-B Card
- Current AHA CPR Card
- Immunization Record

Immunization must include: TB (PPD Test)* MMR Tetanus within past 10 years, Hepatitis B (Required) Hepatitis A (recommended)

***Have you ever had a positive TB Test ? Y ? N** If Yes you must provide current (within 1 year) TB Negative test.

Submitted by October 3, 2017

- Pa Criminal Background Clearance (See pg.7)
- Pa Child Abuse Clearance (See pg.7)

No application will be considered unless **ALL** of these documents have been submitted



Mutual Aid-UPMC-CEM Paramedic Training Consortium

H. Criminal Background and Child Abuse Clearances

All Students must provide a criminal background check and child abuse clearances. This is the responsibility of the student to complete and the associated costs **ARE NOT** a part of the tuition. The background checks can take time to complete, therefore it is a good practice to begin the process now. Completion of the background checks does not guarantee acceptance to the program, and there is no reimbursement for the background check fees provided by this program. Below are the websites that you may find the information on obtaining your background check. If you already have background checks completed, and they are less than 1 year old, you can submit those with your application. The failure to complete and/or negative information appearing on the background checks will disqualify you from the program.

PA Criminal Background: <https://epatch.state.pa.us>

ChildLine: www.dhs.pa.gov Search CY113 form



Mutual Aid-UPMC-CEM Paramedic Training Consortium

Point System Reference Chart

Please do not apply the points to your application, this page is provided as a guide for the student to further their understanding of the Point Based application process.

| Points | Criterion |
|--------|--|
| 1 to 3 | BLS Experience > 3 years = 3, 1-3 years =2, < 1 year = 1 |
| 2 | Previous or current VFD, Police , Military Experience |
| 1 to 4 | Education H.S. Diploma/ GED = 1, Some College Credits = 2, Bachelor's or Associates Degree = 3 Graduate = 4 |
| 3 | Currently Employed by Class Sponsor |
| 1 to 3 | Resides within Westmoreland County |
| 1 to 2 | Instructor Status |
| 1 | Assist the ALS Provider class |
| 1 | EVOG |
| 1 | Haz-Mat Operations |
| 1 | National Incident Management System (NIMS) |
| 1 | Basic Vehicle Rescue |