



# IMPERIAL VALLEY COLLEGE

Nursing and Allied Health Division

Emergency Medical Services (760) 355-6483 Fax (760) 355-6346

P.O. Box 158, Imperial, California 92251

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Dear Applicant:

Thank you for your interest in the Paramedic Program at Imperial Valley College. Attached is the application packet. Please complete the information and return it with the required attachments to the EMS Office. Applications are accepted **May thru November 09**. The deadline for all applications is **November 09, 2012**. Completed applications submitted will be reviewed, and selections for the next paramedic program will be made by **mid-December**.

Our Paramedic Program will begin in the **spring semester (January 14, 2013)**, and is contingent upon the minimum number of accepted applicants.

If you have any questions, you may contact Sara in the EMS Office, (760) 355-6483.

Sincerely,

Rick Goldsberry, RN  
EMS Training Coordinator

RG/sw

Imperial Valley College  
Emergency Medical Services Training

**PARAMEDIC PROGRAM COURSE APPLICATION PROCESS**

**ALL** of the following **MUST** be completed and submitted with your application to the paramedic program. Your application **WILL NOT** be considered **WITHOUT ALL** required materials.

1. \_\_\_\_\_ Complete **application form**.
2. \_\_\_\_\_ Complete **employer/supervisor evaluation form**.
3. \_\_\_\_\_ Complete **personal reference form**.
4. \_\_\_\_\_ Copy of current **BLS HCP CPR** course completion card. (American Heart Association).
5. \_\_\_\_\_ Copy of current **EMT-I or EMT-II certification card, or RN** license.
6. \_\_\_\_\_ Documentation regarding minimum of 1 year experience as an EMT-I, EMT-II, or ED RN. (Need employer memo to verify 1 year's experience).
7. \_\_\_\_\_ Results of english placement exam or official transcript with college english course completion. (If exam is taken at IVC, provide Webstar copy with application).
8. \_\_\_\_\_ Results of math placement exam or official transcript with college math course completion. (If exam is taken at IVC, provide Webstar copy with application). The testing center is located in building #2000, N. side campus. Call for an appointment first – (760) 355-6465 or 355-6447.
9. \_\_\_\_\_ A paper describing why you are a good candidate for paramedic training.
10. \_\_\_\_\_ Official sealed college transcripts with EMT-I, EMT-B, and/or EMT-II letter grade, Anatomy and Physiology (minimum 3 units A & P), GPA, and high school or GED diploma copy. **IVC** Webstar copy also accepted for EMT-I and A & P course.
11. \_\_\_\_\_ Completed Paramedic Program Applicant Survey. **(Provided)**.
12. \_\_\_\_\_ Meet with our nursing/EMS counselor to determine non-IVC A & P (BIO 090) requirements. Call for an appointment – 760 355-6543.

**ALL APPLICATIONS MUST BE RECEIVED IN THIS OFFICE BY NOV. 09, AND APPLICATIONS AFTER THAT DATE WILL NOT BE ACCEPTED. WE HOLD ONE CLASS PER YEAR.**

Rick Goldsberry, RN, EMS Training Coordinator

Emergency Medical Services Training  
Paramedic Program  
**COURSE APPLICATION**

**Name:** \_\_\_\_\_  
last first middle

**Address:** \_\_\_\_\_  
street city state zip

**Telephone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**IVC G number** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer:** \_\_\_\_\_  
**Address &** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Current Level EMS Certification:** \_\_\_\_\_ **Years of Experience** \_\_\_\_\_

**Certification/License#:** \_\_\_\_\_

**School(s) attended for EMS Training:** \_\_\_\_\_  
\_\_\_\_\_

**Date of first EMT-I/EMT-II Certification:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact: (Name, address & phone #)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYER/SUPERVISOR EVALUATION FORM

Dear Employer/Supervisor \_\_\_\_\_:  
(legibly insert name of employer/supervisor)

I have given your name as my employer/supervisor for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed \_\_\_\_\_  
(applicant's signature) (applicant's name printed)

Employer/Supervisor, please fill out the following:

1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average    2 = average    3 = above average    4 = exceptional

<input type="checkbox"/> Alertness	<input type="checkbox"/> Honesty
<input type="checkbox"/> Ambition	<input type="checkbox"/> Initiative
<input type="checkbox"/> Appearance	<input type="checkbox"/> Leadership Ability
<input type="checkbox"/> Cooperativeness	<input type="checkbox"/> Patient Care
<input type="checkbox"/> Courtesy	<input type="checkbox"/> Reliability
<input type="checkbox"/> Dependability	<input type="checkbox"/> Resourcefulness
<input type="checkbox"/> Dignity & Poise	<input type="checkbox"/> Self Control
<input type="checkbox"/> Emotional Stability	<input type="checkbox"/> Self Motivation
<input type="checkbox"/> Good Judgement	<input type="checkbox"/> Tact

2.  How do you place this applicant as suitable candidate for Paramedic Training? (1-4)
3. How long has the applicant worked for your agency? \_\_\_\_\_
4. Remarks:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL REFERENCE FORM

Dear Personal Reference \_\_\_\_\_ :  
(legibly insert name of person giving reference)

I have given your name as my personal reference for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed \_\_\_\_\_  
(applicant's signature) (applicant's name printed)

Personal Reference, please fill out the following:

5. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average    2 = average    3 = above average    4 = exceptional

<input type="checkbox"/> Alertness	<input type="checkbox"/> Honesty
<input type="checkbox"/> Ambition	<input type="checkbox"/> Initiative
<input type="checkbox"/> Appearance	<input type="checkbox"/> Leadership Ability
<input type="checkbox"/> Cooperativeness	<input type="checkbox"/> Patient Care
<input type="checkbox"/> Courtesy	<input type="checkbox"/> Reliability
<input type="checkbox"/> Dependability	<input type="checkbox"/> Resourcefulness
<input type="checkbox"/> Dignity & Poise	<input type="checkbox"/> Self Control
<input type="checkbox"/> Emotional Stability	<input type="checkbox"/> Self Motivation
<input type="checkbox"/> Good Judgement	<input type="checkbox"/> Tact

6.  How do you place this applicant as suitable candidate for Paramedic Training? (1-4)
7. How long has the applicant worked for your agency? \_\_\_\_\_
8. Remarks:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Paramedic Functional Job Analysis**

### **Paramedic Characteristics**

The paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. Excellent judgement with the ability to prioritize decisions quickly, be self disciplined, able to develop patient rapport, interview hostile patients, and communicate with diverse multi-cultural groups and ages is required. Must be able to function independently at optimum level under stress, remain calm, and assume leadership roles with confidence. A desire to work with people, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position are critical.

### **Physical Demands**

The paramedic's job involves very heavy lifting (50-125 pounds frequently, no maximum) and involves climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing on a frequent basis in less than optimal conditions.

### **Intellectual Demands**

High school graduate/equivalent. Learning ability and intelligence slightly above average is required for the paramedic to acquire the skills and knowledge necessary to do the job.

Imperial Valley College  
EMS Training

**PARAMEDIC PROGRAM APPLICANT SURVEY**

Today's Date \_\_\_\_\_ Semester & year you are applying  
for \_\_\_\_\_

This survey was designed to develop a profile of students applying to our Paramedic Program. Our goal is to help our applicants become successful program graduates. Your feedback is important to us. We encourage you to complete and return this survey in the enclosed envelope to help us better serve you, your fellow students, and our community.

Please be advised that completion of this survey form is not required and will not be utilized in the program selection process.

**Instructions: Read each statement and mark your response using black or dark blue ink.**

**Please put check mark at appropriate answer.**

1. Age  
18-25 yrs\_\_      26-35 yrs\_\_      36-45 yrs.\_\_      46 plus\_\_
  
2. Gender  
Female\_\_    Male\_\_
  
3. Ethnicity  
Caucasian\_\_      African-American\_\_      Asian\_\_      Filipino\_\_  
Pacific Islander\_\_    American Indian\_\_      Hispanic\_\_      Other\_\_
  
4. Do you have dependents living with you?  
(e.g., children under the age of 18, parents or grandparents)  
Yes\_\_      No\_\_
  
5. Are you a single parent?  
Yes\_\_      No\_\_
  
6. Number of children living at home:  
None\_\_    1\_\_    2\_\_    3\_\_    4\_\_    5 or more\_\_





**College courses completed with a C average or better. Mark all that apply.**

- 15. EMT-I \_\_\_
- 16. Anatomy\_\_\_
- 17. Physiology\_\_\_
- 18. Microbiology\_\_\_
- 19. Chemistry\_\_\_
- 20. English\_\_\_
- 21. Math\_\_\_
- 22. Biology\_\_\_
- 23. Medical Terminology\_\_\_
- 24. Psychology\_\_\_
- 25. Sociology\_\_\_
- 26. Humanities\_\_\_
- 27. Cultural Pluralism\_\_\_

28. Are you receiving a scholarship or financial aid?  
Yes\_\_\_ (If yes, complete items 29-33. Mark all that apply)  
No \_\_\_ (If no, skip to item 34)

- 29. Pell Grant
- 30. Employer
- 31. CalWORKS
- 32. Local organization scholarship
- 33. Other

34. Are you (or think you may be) eligible to receive a Grant through any of the following? Yes\_\_\_ No\_\_\_ Don't know\_\_\_

**Pell Grant, CalWORKS, JOBS, JTPA, SST, General Assistance, AFDOC, any other form of economic public assistance and/or annual income level below \$7,500.00 for single person, \$15,000.00 per couple with \$1,000.00 additional for dependent child.**

35. Did you enter this program as a/an:  
Generic Student\_\_\_ Re-entry\_\_\_  
Other\_\_\_

**36. The main reason you chose this program:**

Required to maintain existing job\_\_ Retraining after layoffs\_\_  
Career ladder opportunity\_\_ Career change\_\_  
Lifetime goal\_\_ Other\_\_

**37. How did you learn about the IVC paramedic program?**

College counselor\_\_ Employer/co-workers\_\_  
Friends\_\_ Former student/graduate\_\_  
Professionals practicing in field\_\_ College catalog\_\_  
Program brochure\_\_ Internet\_\_  
Imperial Valley Press\_\_ Independent research\_\_  
Career/health fair\_\_ Hospital/Fire Dept.\_\_  
Other\_\_

**YOUR TIME TO COMPLETE AND RETURN THIS SURVEY IS GREATLY APPRECIATED! IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PROGRAM DIRECTOR.**