

IMPERIAL VALLEY COLLEGE

Health & Public Safety

Emergency Medical Services

380 E. Aten Road, Imperial, California 92251

Phone: (760) 355-6483 * Fax: (760) 355-6346



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, Building 3200. Applications are accepted every other year during the period from **January to July**. The next application period will be **January - July 2021**, for that Fall 2021 class. Completed applications submitted will be reviewed by committee at the end of **July**.

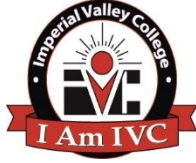
Fall	Winter	Spring	Summer	Fall
EMTP200	EMTP202	EMTP204	EMTP225	EMTP235
		EMTP206		EMTP245

NEW: Completion of IVC's BIOL 090, Human Anatomy & Physiology for Health Occupations, or the equivalent or higher level Anatomy & Physiology, will be required of all students effective Fall 2019 semester. It will be necessary to confirm with the IVC Health and Public Safety's counselor Stella. The counselor can be reached by calling 760-355-6259 or stella.orfanos-woo@imperial.edu

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

Respectfully,

Steve Holt, EMT-P, BS
EMS Program Coordinator



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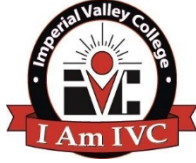
PARAMEDIC PROGRAM - APPLICATION PROCESS

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 experience).
7. _____ A 1-2-page paper describing why you are a good candidate for paramedic training.
8. _____ Unofficial college transcripts with EMT-I, EMT-B, and/or EMT-II letter grade, IVC **WebSTAR** transcript copy also accepted for EMT-I, English, and Math.
9. _____ **High school or GED diploma copy.**
10. _____ Completed Paramedic Program Applicant Survey. **(Provided).**

ALL APPLICATIONS MUST BE RECEIVED IN THIS OFFICE BY JULY 11, AND APPLICATIONS AFTER THAT DATE WILL NOT BE ACCEPTED. WE HOLD ONE PROGRAM EVERY 18 MONTHS.

Steve Holt, EMT-P, BS
EMS Program Coordinator



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Emergency Medical Services PARAMEDIC PROGRAM APPLICATION

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Telephone: _____ E-mail: _____

IVC G#: G00 _____

Employer: _____

Employer: _____
Address & _____
Phone #: _____

Current Level EMS Certification: _____ Years of Experience _____

Certification/License#: _____

School(s) attended for EMS Training: _____

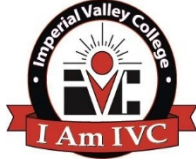
Date of first EMT-I/EMT-II Certification: _____

Social Security Number: _____

Date of Birth: _____

Emergency Contact: _____
Name Contact Phone #

Address City State Zip



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Emergency Medical Services PARAMEDIC PROGRAM APPLICATION

EMPLOYER/SUPERVISOR EVALUATION FORM

Dear Employer/Supervisor _____:
(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

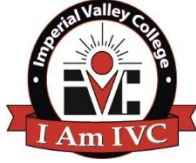
- | | |
|--|---|
| <input type="checkbox"/> Alertness | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Ambition | <input type="checkbox"/> Initiative |
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Leadership Ability |
| <input type="checkbox"/> Cooperativeness | <input 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 Judgment | <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: _____



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Emergency Medical Services PARAMEDIC PROGRAM APPLICATION

PERSONAL REFERENCE FORM

Dear Personal Reference: _____
(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:

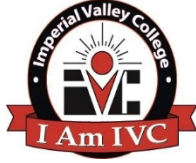
1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

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

- | | |
|---------------------------|-----------------------|
| _____ Alertness | _____ Ambition |
| _____ Appearance | _____ Ability |
| _____ Cooperativeness | _____ Courtesy |
| _____ Dependability | _____ Dignity & Poise |
| _____ Emotional Stability | _____ Good Judgement |
| _____ Honesty | _____ Initiative |
| _____ Leadership | _____ Tact |
| _____ Patient Care | _____ Reliability |
| _____ Resourcefulness | _____ Self Control |
| _____ Self-Motivation | |

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: _____



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Imperial Valley College EMS Training

PARAMEDIC PROGRAM APPLICANT SURVEY

Today's Date _____

Semester & year you are applying
for _____

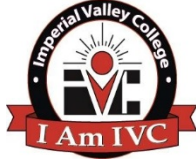
This survey was designed to develop a profile of students applying to our Paramedic Program. Our goal is to help our applicants become successful program graduates. Your feedback is important to us. We encourage you to complete and return this survey in the enclosed envelope to help us better serve you,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



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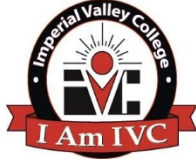
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PARAMEDIC PROGRAM APPLICANT SURVEY

(Continued page 2 of 3)

7. One-way travel distance from residence to campus:
 0-10 mile 11-20 mile 21-30 mile 31-40 mile 41+
- Average weekly hours of employment:
 Not employed Employed 40hrs or less/week Employed 40+ hrs/wk
8. Have you had previous paid work experience in EMS or health care?
 Yes No
10. If you respond yes to item 9, please indicate which experiences apply to you:
 Nurse Assistant LVN RN Dental Hygiene
 Radiology EMT Paramedic Psych Tech
 Supportive Personnel Housekeeping, dietary, etc. Military Medic
 Health Information Services Medical Assistant Medical Clerk
 Other _____
11. Years worked in EMS or healthcare:
 Less than 1 yr 1 yr or more but less than 3 yrs
 3 yrs or more but less than 6 yrs 6+ yrs N/A
12. Previous volunteer experience in EMS or healthcare.
 Student Fire Dept. Volunteer EMS Volunteer
 Other Health Care Service N/A
13. Highest post-high school education level completed:
 None Less than 2 yrs Associate degree
 Bachelor's degree Master's degree or above
14. Your primary place of residence for the past 12 months:
 In this country Out of country Out of state in USA
15. College courses completed with a C average or better. Mark all that apply.
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> EMT-I | <input type="checkbox"/> English |
| <input type="checkbox"/> Anatomy | <input type="checkbox"/> Math |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Biology |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Chemistry | |



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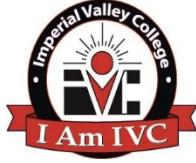


PARAMEDIC PROGRAM APPLICANT SURVEY

(Continued page 3 of 3)

16. ___ Psychology
 17. ___ Sociology
 18. ___ Humanities
 19. ___ Cultural Pluralism
20. 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)
- | | |
|-------------------|---------------------------|
| a. ___ Pell Grant | d. ___ Local organization |
| b. ___ Employer | cholarship |
| c. ___ CalWORKS | e. ___ Other |
21. 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.
22. Did you enter this program as a/an:
 ___ Generic Student ___ Re-entry ___ Other
23. The main reason you chose this program:
 ___ Required to maintain existing job ___ Retraining after layoffs
 ___ Career ladder opportunity ___ Career change
 ___ Lifetime goal ___ Other _____
24. 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 _____

Thank you in advance for taking the time to complete and return this survey. It is greatly appreciated! If you have any questions, please contact the EMS Coordinator.



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Estimated Cost Certificate Program

IVC Registration Fees 41.5 units X \$46/unit		\$1909.00
Student Rep Fee (1.00 each semester)		4.00
CPR Instructor Course Fees	Instructor manual and face mask	53.00
ALS Fee (supplies and equipment)		100.00
Books	Didactic texts, ACLS, PALS, EKG	700.00
Skills Tracking Fee	One year	85.00
Clinical/Field Shirts	30.00 each x 4	120.00
Health Fee (Subject to change)	\$19.00 Spring/Fall	38.00
	\$15.00 Summer/Winter	30.00
Background/Drug Screening	\$95.00	95.00
Yearly parking fees	\$25.00 Spring/Fall	50.00
	\$15.00 Summer/Winter	30.00
Total Estimated Program fees		\$3164.00
National Registry Exam Site Fee		175.00
National Registry Online Exam Fee		110.00
State Licensing Fee		250.00
Fingerprint Fee		25.00
Total (estimated fees)	For licensure	\$3699.00
Optional - Add 6 units for two management courses to complete AS degree		216.00
Textbooks for additional classes		120.00
Total estimated fees for AS degree in EMS		\$4035.00

***NOTE: Costs subject to change. Does not include cost of textbooks on the "recommended list" or for workbooks that the student chooses to purchase.**

\$45.00 PALS Manual
\$45.00 ACLS Manual