



**Respond Right EMS Academy / St. Charles Community
College Consortium Paramedic Program**

Paramedic Program

Application Packet

2019

Applicant Name

Due Date

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Application Packet

You are being evaluated on your ability to FOLLOW DIRECTIONS.

DIRECTIONS:

The Application Packet will be turned in with the following 12 documents (you will have 2 recommendation forms). Your documents must be placed in the order that is indicated below. You must provide COPIES of your documents as stated below. Your packet should only be turned in when you have #1 – 9 completed. Documents #10 and 11 will be filled out and signed in our office.

1. Turn in two completed recommendation forms (included in this application packet)
 - One of the recommendations must be from one of the following: a nurse, firefighter, paramedic, NP, PA or physician.
2. Copy of driver's license, birth certificate or state ID to verify age.
3. Copy of social security card.
4. Copy of current Missouri EMT-Basic License.
 - Or a copy of your application for your EMT-B License.
5. Copy of health insurance card.
6. Submit documentation of a physical exam.
 - This general physical exam needs to be performed by a MD, DO or NP within the last 12 months.
 - Your physician can use our exam template that is provided, or we will gladly accept your physician's physical exam form.
7. Copy of current AHA BLS CPR card
8. Copy of Vaccination Records. You must provide the following: MMR or Antibody Titer Test, T-Dap, Flu shot (within season), Hepatitis B and Negative PPD in the last 12 months.
9. Complete vehicle information form (included in this packet)
 - Submit License Plate Number, make and model of vehicle.
10. Acknowledgement of the form Course Demands
 - Review this form.
 - Must be signed and notarized
 - We are a notary. You can sign this form when you drop your packet off.
11. Acknowledgement of the form Financial Commitment
 - Review this form.
 - Must be signed and notarized
 - We are a notary. You can sign this form when you drop your packet off.



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Recommendation For Paramedic School #1

Applicant Name: _____
Last Name First Name

Applicant Acknowledgment:

As the applicant, I authorized the evaluator, named below, to submit confidential information based on the requested information. I understand this information will be used when determining my acceptance into the program.

Applicant Signature: _____

Evaluator	
Date:	
Name:	
Position/Title:	Employer:
Phone:	Email:
How long have you known the applicant?	
How do you know the applicant?	
Please answer the following questions. Please be specific and honest with your answers. Feel free to use specific examples/incidents that have occurred in the past to support your answers.	
Motivation - How motivated is the applicant?	
<input type="checkbox"/> Very little <input type="checkbox"/> Moderately <input type="checkbox"/> Highly	
Comments:	
Maturity – How mature do you think the applicant is?	
<input type="checkbox"/> Very little <input type="checkbox"/> Moderately <input type="checkbox"/> Highly	
Comments:	



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Communication – How well do you think the applicant communicates?		
<input type="checkbox"/> Not well	<input type="checkbox"/> Adequately	<input type="checkbox"/> Very Well
Comments:		
As an evaluator for the above applicant, my final determination is:		
<input type="checkbox"/> I strongly recommend this applicant to be admitted to the Paramedic Program.		
<input type="checkbox"/> I have some reservations about recommending this applicant to the Paramedic Program.		
<input type="checkbox"/> I do NOT recommend this applicant to the Paramedic Program.		
Comments:		

Signature of Person Recommending Student

Date



Recommendation For Paramedic School # 2
Completed by a medical professional

Applicant Name: _____
Last Name First Name

Applicant Acknowledgment:

As the applicant, I authorized the evaluator, named below, to submit confidential information based on the requested information. I understand this information will be used when determining my acceptance into the program.

Applicant Signature: _____

Evaluator					
RN	EMT-P	Firefighter	NP	PA	MD
Date:					
Name:					
Position/Title:			Employer:		
Phone:			Email:		
How long have you known the applicant?					
How do you know the applicant?					
Please answer the following questions. Please be specific and honest with your answers. Feel free to use specific examples/incidents that have occurred in the past to support your answers.					
Motivation - How motivated is the applicant?					
<input type="checkbox"/> Very little		<input type="checkbox"/> Moderately		<input type="checkbox"/> Highly	
Comments:					
Maturity – How mature do you think the applicant is?					
<input type="checkbox"/> Very little		<input type="checkbox"/> Moderately		<input type="checkbox"/> Highly	



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Comments:

Communication – How well do you think the applicant communicates?

Not well Adequately Very Well

Comments:

As an evaluator for the above applicant, my final determination is:

- I strongly recommend this applicant to be admitted to the Paramedic Program.
- I have some reservations about recommending this applicant to the Paramedic Program.
- I do NOT recommend this applicant to the Paramedic Program.

Comments:

Signature of Person Recommending Student

Date





History & Physical Examination

TO THE EXAMINING PHYSICIAN/NURSE PRACTITIONER: Please review the student's history and complete this form. This student has been granted provisional acceptance to an EMS training program pending physical exam result. The program will require the student to provide direct patient care. The information contained in this form will be released only with the student's consent.

Last Name	First Name	Middle	DOB:	Sex: M/F
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I. VISION & HEARING

Uncorrected Vision: R 20/____ L 20/____ Corrected Vision: R 20/____ L 20/____ Contacts: ____ Glasses: ____ No Correction: ____	Hearing Loss: Left: ____ Right: ____ Bilateral: ____ Hearing Aid: Left: ____ Right: ____ Bilateral: ____
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II. REVIEW OF SYSTEMS

If there are any abnormalities of the following systems, please describe fully, using additional sheets if necessary.					
	YES	NO		YES	NO
1. Head, Ears, Nose & Throat			7. Hernias		
2. Respiratory			8. Genitourinary		
3. Cardiovascular			9. Musculoskeletal		
4. Gastrointestinal			10. Skin		
5. Skin			11. Neuro		
6. Metabolic / Endocrine			12. Vision		



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III. IMMUNIZATIONS

IMMUNIZATION	COMPELTED		COMPLETION DATE
	YES	NO	
1. Diphtheria/Tetanus (within 10 years)			
2. PPD			
3. Chest X-Ray for Positive PPD			
4. MMR or Proof of Positive Rubella Titer			
5. Hepatitis B or Proof of Positive Titer			
6. Flu Vaccine (Oct- March)			
7. Other			

IV. HISTORY

Is this person is free of chronic, contagious diseases: Yes _____ No _____

Is this person now or has this person been under the care of a psychiatrist or psychologist, for any medical or emotional condition which would preclude their involvement in the EMT/Paramedic Course or Profession?
_____ Yes _____ No

If "YES" please describe your concerns:

Is there any loss of or serious impairment of function of any organ: Yes _____ No _____

Recommendations for physical activity: _____

Do you have any reservations about recommending this student to participate in the EMT or Paramedic Program?

Do you recommend this student to participate in the EMT or Paramedic Program? Yes _____ No _____

V. Physician or Nurse Practitioner

Print Name: _____ Phone: _____

Signature: _____ Date: _____

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 St. Peters, MO 63376

Office: 636-387-6200
 Fax: 888-859-9304

info@respondright.com
 www.respondright.com



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Vehicle Information Form

We are required to record the primary vehicle you will be driving to class and clinicals. This information will be shared with our partner clinical sites, so they are aware of your vehicle while on their campus.

Please be sure to provide the information of the vehicle that you will primarily be driving.

Student Name: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle License #: _____



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Acknowledgment of Course Demands & Expectations

EMT and Paramedic training requires a tremendous amount of time and attention. Many students don't understand the time, energy and commitment that is required to complete this type of training. It is important to realize how much will be expected from you to complete this program. You must be ready to devote a considerable amount of time and attention to complete this training program. This will probably be one of the greatest accomplishments in your life.

This program requires your time and attention. You are required to study a significant amount of time outside of class. There is not enough time for us to read everything in the book to you. Adult education requires that you come prepared to class having read the chapters as outlined on the syllabus. We will do a significant amount of practice that will involve individual skills and scenarios. This requires that you have prepared and studied before class.

On average, a student would need to devote 1-2 hours of study time outside of class for each hour they are in class. This is a general guideline. Each student is different. You may require more time depending on the type of learner you are. You should be aware that you are studying a career that involves life-saving procedures. People will depend on you to be accurate and concise always. Errors will result in injuries to patients and even death. You are studying to become a proficient patient care provider, not to pass the next exam.

This type of training also requires a certain amount of physical activity. Standing, walking, sitting, lifting, carrying, pushing, pulling, climbing, stooping, kneeling, crouching, crawling, reaching, feeling, talking, hearing, seeing and lifting more than 125 lbs could be required throughout this program.

Because this type of life-saving education is so important, there are a few important rules and regulations you must understand:

- You are only allowed to miss 5 days of class. If you miss more than 5 days, you will be removed from the class. There are no exceptions. No refunds are issued. Very specific guidelines on attendance are provided in the manual.
- You are expected to be on time to class. Even one-minute late is considered tardy. Three tardies will equal one absence.
- You will not have an opportunity to withdraw or drop from the program after the first day of class. There are no refunds after the first day. No exceptions.
- You will be required to meet certain grade requirements and maintain a certain GPA. Each course has slightly different requirements, but you should be aware that if you don't meet the required grades, you will be removed from the course. If you are removed, for any reason, there are no refunds.

Signature of understanding

I understand the 'Course demands & expectations' as stated above. I understand there will be additional demands and expectations that I will be informed of once class starts. I understand the demands and expectations as listed above.

Student Name

Date



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Acknowledgment of Financial Commitment

Beginning the process of applying to the Paramedic course involves securing funds for your education and understanding your financial commitment. You should be starting the process of applying and securing funds at least 30 days before class. This will give you plenty of time to plan for any unexpected events and gather the required material.

You will have two options when deciding how to pay for your education.

Make your full payment

Registration Fee (non-refundable/non-transferable) \$ 150.00

Course Fees and Tuition \$ 10,325.00

Due at time of acceptance\$5,162.50

Due at least 10 days before the start of class\$5,162.50

*Note - \$400 of your total cost is non-refundable and non-transferable.

Course Fees and Tuition Include:

Entrance exam, Tuition, Technology & Lab, Professional Liability Insurance while enrolled, Clinical & Field Internship, Polo Shirt, Parking Sticker

*Textbook and software bundle is not included

**Prices subject to change without notice

Additional Fees:

Estimated cost of additional supplies - \$1100.00*

This could include the cost of a laptop, uniform pants/polo, boots, textbook/software bundle, software, etc.

Payment Plans Available

Registration Fee (non-refundable/non-transferable) \$ 150.00

Total Cost (\$200 charged for financing) \$ 10,525.00

Includes Course Fees and Tuition

Due at time of acceptance \$5,300.00

Amount financed\$5,225.00

*Note - \$400 of your total cost is non-refundable and non-transferable.

After the first day of class there are no refunds. If you decide to leave the program, withdraw, drop or are removed from the program, no refunds will be issued. You will be committed to the course. If you choose the payment plan, you will still be liable to pay any outstanding invoice costs for the program even if you decide to leave the program, withdraw, drop or fail out of the program. All program fees, costs and tuition has been earned by RREMSA on the first day.

Signature of understanding

I understand the 'Financial Commitment' as stated above. I understand there can be additional costs associated with this course, such as clothing, supplies, computers, etc. At this time, I understand the financial commitment as listed above and have the funds available to pay for class.

Student Name

Date



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Verification

I hereby affirm and declare that the information provided in this application packet and on-line application is true and correct to the best of my knowledge and that any fraudulent entry may be considered sufficient cause for rejection from this program. I agree to abide by the Respond Right EMS Academy rules, regulations, policies and guidelines as well as the directions of the Program Director.

I hereby affirm that I have read the 'Course Demands & Expectations' in the application. I understand the demands and expectations as listed. I understand there will be additional demands and expectations that I will receive on the first day and throughout the course.

I hereby affirm that I have read the 'Financial Commitment' in the application. I understand the financial commitment to be accepted into this course as listed. I understand I must be able to pay my tuition in full 10 days before the start of each course. If I am unable to do this, I will be removed from the course and I will lose my application fees and registration fees.

I acknowledge that the application and information that has been submitted on-line during registration is true and accurate. Falsifying information will exclude me from the program.

I understand this application is only valid for the Paramedic Program stated on the application. I understand that if I choose to apply, register or enroll in a different session, I will be required to fill out a new application and pay the registration fee.

Applicant Signature

Date

STATE OF MISSOURI)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

