

**APPLICATION FORM**  
**Emergency Medical Services - PARAMEDIC TECHNOLOGY PROGRAM**  
**Fall 2015**

Please type or print clearly! Only complete applications will be considered.

STUDENT ID # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE/MAIDEN

**You MUST notify the Admissions Office with any address or telephone changes after application is submitted.**

ADDRESS \_\_\_\_\_

Street Apt.

City State

Zip

County of Residence \_\_\_\_\_

Email Address \_\_\_\_\_

TELEPHONE NUMBERS:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

Person to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Please indicate the following regarding the Prerequisites:**

EMT Certification: Date expires \_\_\_\_\_ OR Current Enrollment \_\_\_\_\_

Issuer \_\_\_\_\_

CPR Certification: Date expires \_\_\_\_\_ OR Current Enrollment \_\_\_\_\_

Issuer \_\_\_\_\_

**Indicate previous and current employment and volunteer experiences:**

EMPLOYER JOB DESCRIPTION HOURS PER WEEK DATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE:

DATE

APPLICANT'S SIGNATURE

Note: The Kentucky Board of Emergency Medical Services require that individuals applying for certification or licensure pass a background check.

**DEADLINE FOR APPLICATION IS **March 31, 2015** for the 2015 applications.**

How did you learn about ACTC's Paramedic Program? \_\_\_\_\_

The degree of Associate in Applied Science in Paramedic Technology is awarded upon completion of the program. Admission to the program is open to all qualified students regardless of economic or social status, and without discrimination on the basis of race, color, creed, sex, marital status, beliefs, age, national origin or disability.

**All applicants should possess:**

1. Sufficient visual acuity, such as needed in the accurate preparation administration of medication and for the observation necessary for patient assessment and nursing care.
2. Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices, such as cardiac monitor, stethoscope, IV infusion pumps, doptone, fire alarms, etc.
3. Sufficient gross and fine motor coordination to respond promptly and to implement the skills including manipulation of equipment required in meeting health needs.
4. Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively as may be necessary in the individual's interest.
5. Sufficient intellectual and emotional functions to plan and implement care for individuals.

**Selective Admissions:** Deadline **MARCH 31, 2015.**

Application materials received after the **March 31<sup>st</sup>** deadline will not be considered and the application would be incomplete. GPA is based on all college work completed prior to **March 31.** Enrollment into the Associate Degree Paramedic program is based on a selective admissions process and number of admissions is based on available resources. Preference may be given to: candidates who demonstrate above average standing in high school or on the General Education Development Examination (GED); applicants with an ACT composite score of 20 or above or its equivalent on the COMPASS exam (Any developmental course work must be completed prior to enrollment in the first Paramedic course.); applicants who have completed 12 or more credit hours in the approved curriculum with a cumulative GPA of 3.0 or better from any regionally accredited college; Kentucky residents and applicants within the college service area. Applicants seeking advanced standing or transfer into the program must see the Paramedic Coordinator for additional information at State Fire Rescue Training - Area 10 Office, 12307 Midland Trail Road, Ashland, KY 41102 (the former Boyd County High School). General education courses may be taken prior to admission.

**Applying:**

It is the responsibility of the applicant to see that the following are on file in the **ACTC admissions office** no later than the **deadline of each year.**

1. Completed **ACTC** admissions application
2. Official high school transcript or GED scores
3. Official transcripts of any post-secondary education. (**TRANSCRIPTS ARE ONLY OFFICIAL IF MAILED FROM SCHOOL TO SCHOOL**); **ILLEGIBLE TRANSCRIPTS ARE CLASSIFIED AS UNOFFICIAL TRANSCRIPTS**
4. Results of the \*ACT or SAT COMPASS Exam.
5. ACTC Paramedic program application

The fee schedule is located in the ACTC catalogue. In addition to tuition, students are responsible for transportation to various health agencies, purchase of textbooks, liability insurance, uniforms and other required items. All students admitted into the program are required to submit documentation of immunizations-MMR, Hepatitis-B vaccine, results of a recent TB skin test. **Healthcare Provider CPR certification and current EMT certification are required before enrolling into the first PAR course.** A student within the clinical facilities that affiliate with ACTC will conduct themselves accordingly. Student will follow all required and published personnel policies, standards, philosophy and procedures of the agencies. Students must agree to obtain criminal background checks and drug screenings as required by the affiliating agency/hospital and licensing board.

For Program Details, contact **Paramedic Program at 606/326-2459** or [email: cstewart0001@kctcs.edu](mailto:cstewart0001@kctcs.edu) or [mark.hammond@kctcs.edu](mailto:mark.hammond@kctcs.edu). Paramedic Program applications are available at the admissions offices on College Drive Campus and Technology Drive Campus, and the paramedic Program office at the State Fire Rescue Training – Area 10 Office (former Boyd County High School). College applications and class schedules are on the web: [www.ashland.kctcs.edu](http://www.ashland.kctcs.edu)