



**SCOTT COUNTY**  
**EMS**  
***PARAMEDIC***  
***PROGRAM***

**APPLICATION PACKET**

**Please note:**

Applicants are solely responsible for completing and/or including all required items on the paramedic applications. Omissions, misstatements, or falsifications will affect the applicant being reviewed or considered. Applicants are responsible for keeping the program informed of address changes and/or phone number changes.

**Non-Discrimination Notice**

The Scott County EMS Paramedic Program does not discriminate on the basis of race, color, gender, age, religion, national origin, disability, marital status, veteran's status, citizenship, sexual orientation or other protected classification in employment, admissions of its programs or activities.

**Items that must be submitted with your application:**

1. Proof of one (1) year experience at a minimum of an EMT-Basic level or current proof of full-time employment as an EMT-Basic/AEMT (can be a letter from employer).
2. Copy of your high school diploma or GED
3. Copy of current state or National Registry EMT-Basic or Advanced EMT certification
4. Copy of current American Heart Association Basic Life Support Provider card
5. Copy of current health insurance
6. Copy of driver's license
7. Proof of original date of certification at the level of an EMT (for admissions scoring)
8. Application Packet pages 4 – 7

Once the application has been submitted the applicant must sit for a proctored exam of the following entry assessments on a day established by the program:

- Paramedic Course Entry Assessment (must score at least a 70% for admission)
- Math Assessment
- Reading Level Assessment
- Student Motivation Assessment
- Learning Style Assessment

Applicants passing the entry assessment will be subject to an in-person interview on a date/time selected by the program.

After acceptance into the paramedic program, the student must provide the following:

1. Be able to comply with criminal background check requirements. Students cannot have any felony convictions or be on probation.
2. List of current vaccinations to include Hepatitis B (or signed declination form), MMR, TDap and current TB test results (2-step mantoux test, or documented x-ray results indicating no signs of TB).
3. Obtain a current physical examination that states your health condition allows you to participate in the paramedic program. Must be completed by a licensed physician, physician assistant, or nurse practitioner.

### Program Application Form

Last Name:	First Name:	M.I.:	Phone #: (    )
Address:			Email:
City:	State:	Zip:	
DOB:	SSN:	Driver's License # & State :	

Education	Institution	Dates Attended	Area of Study	Degree/Diploma
High School:				
College:				
College:				
Other:				

How many years have you been certified at least at the EMT level?	Date of Original Certification:
Have you ever applied for/attended a paramedic level training program before?	(    ) Yes    (    ) No
Program applied for:	Dates:
Reason for not completing:	

Have you ever been convicted of a felony or misdemeanor?	(    ) Yes    (    ) No
Have you ever had your certification or patient privileges suspended or revoked?	(    ) Yes    (    ) No

Professional References <small>NO FAMILY</small>	Name	Phone #	E-Mail	How long have you known this person?

**Medical Experience** – List only medical related experiences and begin with the most recent. (If you need for space, please attach additional pages).

Employer:	
Address:	
Job Title:	
Supervisor:	Phone #:
Job Responsibilities:	
Employment Dates	From: <span style="float: right;">To:</span>

Employer:	
Address:	
Job Title:	
Supervisor:	Phone #:
Job Responsibilities:	
Employment Dates	From: <span style="float: right;">To:</span>

Employer:	
Address:	
Job Title:	
Supervisor:	Phone #:
Job Responsibilities:	
Employment Dates	From: <span style="float: right;">To:</span>

**Financial Agreement**

Last Name:	First Name:	M.I.:	Phone #: (    )
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**Tuition Payment Options**

*(Select one option)*

	Full Payment - \$6,500^
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	Payment Plan – See schedule below*^
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<b>*Payment Plan Schedule</b>			
<b>Payment #</b>	<b>Due</b>	<b>Amount</b>	<b>Balance After Payment</b>
Deposit	1 week prior to program	\$1,000	\$5,500
2	1 <sup>st</sup> of month	\$500	\$5,000
3	1 <sup>st</sup> of month	\$500	\$4,500
4	1 <sup>st</sup> of month	\$500	\$4,000
5	1 <sup>st</sup> of month	\$500	\$3,500
6	1 <sup>st</sup> of month	\$500	\$3,000
7	1 <sup>st</sup> of month	\$500	\$2,500
8	1 <sup>st</sup> of month	\$500	\$2,000
9	1 <sup>st</sup> of month	\$500	\$1,500
10	1 <sup>st</sup> of month	\$500	\$1,000
11	1 <sup>st</sup> of month	\$500	\$500
12	1 <sup>st</sup> of month	\$500	\$0

^Tuition covers the following items: all instruction as outlined in each module syllabus, all required course textbooks, FISDAP Skills Tracker / Scheduler Account, EMS Testing Account, uniform – polo shirt (2), ID badges, course completion cards for all “card courses” (ACLS, PALS, PHTLS). Tuition does not cover the cost National Registry testing (cognitive and psychomotor) or required equipment (i.e. watch and stethoscope). Students may be encouraged to purchase recommended texts throughout the program.

I, \_\_\_\_\_, acknowledge the financial obligation of the course, in accordance with the selected payment options with \$1,000 due no later than one week prior to the program start date. I acknowledge that the deposit is non-refundable and all payments made after two weeks from the start date of the program are non-refundable. I also acknowledge that I will make the necessary payments by the specified due date or I will be dismissed from the program.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Statement**

By signing this application, I verify the following:

- I understand that any error(s), omission(s), or falsification(s) in ANY part of this application or other supporting material will result in ineligibility in the application process.
- All of the information I have provided on this application and any accompanying material is true, complete, and accurate to the best of my knowledge.
- I understand that I am required to update my admission file if additional information becomes available relevant to my character and ability to complete the paramedic program.
- I have read and acknowledge that the additional costs that are not covered by the tuition will be my responsibility.

\_\_\_\_\_ **I understand that the use of technology is essential throughout the paramedic  
(Initial) program. I understand that I will be required to have access to a computer and high-speed internet for the duration of the program to complete homework, quizzes, and examinations. I understand that failure to have access to the required technology could cause me to be unable to complete the required assignments.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I will be attending the following testing day (check one):

\_\_\_\_\_ Tuesday, July 16 @ 0900

\_\_\_\_\_ Wednesday, July 17 @ 0900

**ADDRESS ALL CORRESPONDENCE TO:**

Scott County EMS Paramedic Program

1468 Scott Valley Drive

Scottsburg, IN 47170

Phone: 812-754-0500

Fax: 812-754-0501