



EASTERN ARIZONA COLLEGE

PARAMEDIC PROGRAM APPLICANT INFORMATION GUIDE and Application

Eastern Arizona College
615 N. Stadium Ave.
Thatcher, AZ 85552
928-428-8398

In January 2018 Eastern Arizona College was informed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) has **awarded our Paramedic program full initial accreditation** to operate ALS training programs.

What does this mean for you? You can be assured that our program will meet the highest standards and requirements. Once you have successfully completed this program you will be eligible to sit for the National Registry Emergency Medical Technician (NREMT) paramedic certification exam. This exam will lead to both national and state certification as a paramedic.

Should you have any questions about this accreditation or the standards, please contact:

CoAEMSP
8301 Lakeview Parkway Suite 111 – 312
Rowlett, TX 75088
214-703-8445
FAX 214-703-8992
www.coaemsp.org



PARAMEDIC PROGRAM INFORMATION

Eastern Arizona College offers a paramedic education program for qualified candidates each fall semester. The next available cohort will begin on **August 7, 2022** (*please note this is two weeks earlier than regular classes for the semester*). This program is an 11-month program designed for applicants interested in obtaining a NREMT-P certification and AAS degree in Paramedicine. The goal of the Eastern Arizona College Paramedic Program is to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels. Our instructional team provides advanced education and experience in pre-hospital care that will prepare qualified persons for beginning paramedic positions in both the state of Arizona as well as on a national level.

Entry into the paramedic program requires formal admission before the candidate can register for courses. For more detailed procedures regarding admission, please contact the EMS Department at 928-428-8398 or email John Clegg at john.clegg@eac.edu.

GENERAL INFORMATION

We appreciate your interest in the Paramedic Program and hope the following information will help you determine whether you are currently qualified for admission to the program. If you feel you are qualified or will soon be qualified, an application is included in this packet. Complete the application and submit it with supporting documentation to rachel.curtis@eac.edu and john.clegg@eac.edu. Qualified applicants are admitted based on a selection process that includes an oral interview as well as demonstration of basic EMT competencies through formal written and skills testing and EMT experience.

DIRECTIONS FOR APPLICATION

Completed applications and supporting documentation must be submitted by email to rachel.curtis@eac.edu and john.clegg@eac.edu by 5:00 PM on **May 15, 2023** for August admission. Applicants are responsible for verifying completeness of their files by the date required.

*Note: Late applications may be accepted prior to the **mandatory** pre-class meeting. Applicants will be placed in the class in the order that applications are received. Class size is limited to 24 students. Any applicants after number 24 will be placed on an alternate list, and their status will be determined on the date of the pre-class meeting, which the alternate is also required to attend. Late applicants will still be required to interview and test prior to the official start of the program on a designated “make up” exam/interview day. Acceptance into the program will be based on the scoring process.*

APPLICATION REQUIREMENTS

All applicants must meet the following qualifications at time of application:

1. Completed Paramedic Program Application for Admission
2. Proof of applicants age (All applicants must be 18 years of age or over)
3. High school graduate or GED.
4. Current AZ EMT certification and/or NREMT certification.
5. Current AHA BLS Healthcare Provider card (must remain current throughout the entire paramedic training course)
6. Proof of completion of BIO 160, Introduction to Human Anatomy and Physiology OR HCE 156, Science for Allied Health OR BIO 201 and BIO202, Human Anatomy and Physiology I & II with a grade of "C" or higher.
7. Proof of completion of HCE 116, Medical Dosage Calculations with a grade of "C" or better. (Offered every Fall, Spring, and Summer Term).
8. Proof of completion of HCE 112, Medical Terminology, with a grade of "C" or better. (Offered every Fall, Spring, and Summer Term).
9. Proof of completion of ENG 113, College Reading, or proof of at least a 12th grade reading level on College approved assessment test. **Your EAC reading assessment test score is available on Gila Hank online or from your advisor.*
10. Proof of completion of MAT 100, Applied Mathematics, with a grade of "C" or higher or mathematics skills at the MAT 100 level or above on college approved math assessment test. **Your EAC mathematics assessment test score is available on Gila Hank online or from your advisor.*
11. Proof of completion of EMT 200, Paramedic Prep, or proof of an approved paramedic preparation course. **See Program Director for approved courses.*
12. Arizona DPS fingerprint clearance card.
**Receipt of payment to DPS will be accepted with your application, until a copy of the fingerprint card can be submitted to the program director. Application for the fingerprint clearance card is found online at: <http://www.azdps.gov/services/fingerprint>*
13. Proof of all immunizations included on the Student Health Requirements Checklist (See Attachment)
14. Current health insurance coverage that must remain current throughout the course of training and certification process.
15. Two (2) letters of recommendation are required prior to your scheduled oral interview. Letters should be on company or agency letterhead. One must come from a higher-level medical provider (paramedics, RN or MD's) or supervisor. The letters must be signed and dated originals. Please have your letters sent **by the author** to: rachel.curtis@eac.edu and john.clegg@eac.edu
16. Official transcripts must be on file in the Paramedic program office. Official transcripts must be sent to the paramedic program office. They cannot be "issued to student" or hand carried with your application.

PARAMEDIC PROGRAM SELECTION PROCESS

After the above items are met, selection into the paramedic training program will be based on the following assessment of your cognitive, psychomotor and affective abilities which will include the following:

1. A static patient care scenario based on NREMT (BLS) standards, using different cases to measure your ability to assess, treat and identify potential life-threats, while establishing a working differential diagnosis list. The student will be expected to verbally assess and discuss the patient scenario with the evaluators. (25%)
2. Successfully pass an EMT Basic written exam with a minimum of 80% as well as a psychomotor evaluation consisting of a BLS skill that will be randomly selected using the NREMT skills scoring sheet. (25%)
3. All applicants will be interviewed by an Oral Board that includes members from: the local Gila Valley EMS advisory council, the program medical director, the program director, program clinical coordinator, etc. The goal of the oral interview is not only to assess the individual applicant's qualifications but also to identify those applicants who demonstrate a passion for EMS. Our program is looking for those applicants who have a history of being respectful, are effective communicators, have exhibited leadership traits and consistently conduct themselves with integrity. (50%)

MANDATORY PRE CLASS MEETING

Those accepted into the program, and those on the alternate list, will be required to attend a pre-class orientation meeting on **Friday, August 4, at 6 p.m.** in room NC-5 on the Thatcher campus.

TUITION AND FEES (estimate)			Total
EMT 200 (Summer prior 2 credits)	\$196 Tuition	No Fees	\$196
EMT 210 (Fall 12 credits)	\$1176 Tuition	\$650 Fees	\$1,826
EMT 219 (Fall 2 credits)	\$196 Tuition	No Fees	\$196
EMT 220 (Fall 1 credit)	\$98 Tuition	\$25 Fees	\$123
EMT 212 (Spring 12 credits)	\$1176 Tuition	\$475 Fees	\$1,651
EMT 221 (Spring 1 credit)	\$98 Tuition	\$25 Fees	\$123
EMT 222 (Spring 1 credit)	\$98 Tuition	\$25 Fees	\$123
EMT 214 (Summer 6 credits)	\$588 Tuition	\$300 Fees	\$888
Mandatory Background Check Required by Clinical Partners		\$100	\$100
Overall cost not including texts or uniforms:			\$5,226
Textbooks (approximate costs always subject to change)			\$615

Additional costs include but are not limited to:

Stethoscope
Pocket Mask
Pen Light
Class Uniform
Fingerprint Card
Drug Screening Test
Additional Immunization Requirements per Clinical/Vehicular site requirements

Please contact the EAC Financial Aid Department for information regarding scholarship and grant opportunities. Many options are available to help you pay for college. See if you qualify today! 928-428-8287

REQUIRED PARAMEDIC CLASS TEXTS

- Sanders' Paramedic Textbook 5th Edition (please note new book and new edition)
ISBN: 978-1-284-14782-7
- Sanders' Paramedic Textbook - Student Workbook 5th Edition (please note new book and new edition)
ISBN: 978-1-284-19081-6
- AAOS Anatomy and Physiology Paramedic by Elling and Rothenberg 2nd Edition
ISBN: 978-1-4496-4230-3
- ECGs Made Easy 6th Edition by Barbara J Aehlert MEd BSPA RN 6th Edition
ISBN: 978-0323401302
- Understanding 12 – Lead EKGs 3rd Edition
ISBN: 978-0-13-292106-0
- ACLS Provider Manual by American Heart Association
ISBN: 978-4-61669-400-5
- PALS Provider Manual by American Heart Association
ISBN: 978-1-61669-559-0
- PHTLS 9th Edition
ISBN: 978-1-28417-147-1

HELPFUL SUGGESTIONS TO BE SUCCESSFUL IN PARAMEDIC SCHOOL

- Make sure you know your EMT protocols and skills. Be a STRONG EMT!
- Begin to study and memorize your AZ drug profiles as well as common home medications. The drug profiles can be found at:
<http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/drugs/drug-profiles.pdf>
- Begin learning about heart rhythms and ECG analysis ahead of time from your paramedic peers.
- Develop good communication and people skills with an emphasis on development of good patient rapport.
- Develop STRONG leadership skills. Learn to delegate and give direction to others in a decisive manner without being too abrupt.
- Get your finances in order. You should not be working full time during paramedic school, so make sure you have enough money to see you through the year. Have some money in savings.
- Paramedic school is a huge time commitment and can be hard on personal relationships. Make sure you are ready to commit the time, energy and money to the program. Don't fall behind.
- Find a study regimen that works for you and stick with it.
- **Be dedicated to your education and to the program. Make becoming a paramedic your #1 goal.**

IMPORTANT DATES

Application Deadline:	May 15, 2023
Documentation Submission Deadline:	May 15, 2023
Paramedic Prep Class:	June 12-15, 2023 (8am-5pm)
Oral Boards and Entrance Exams:	To be determined
Mandatory Pre-Class Meeting:	August 4, 2023
Classes begin:	August 7, 2023

WEEKLY CLASS SCHEDULE

Monday: 8am – 2pm	Didactic in-classroom
Tuesday: 8am – 2pm	Skills Lab
Wednesday: 8am – 2pm	Didactic in-classroom



EMS PROGRAM

Paramedic Training Program Application

DUE MAY 15 FOR AUGUST ADMISSION CONSIDERATION

Program Start Date: August 7, 2023

1. Applicant:

Name: (First) _____ (MI) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell# _____

Email: _____

2. Present Employer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Supervisor's Name: _____

How long have you been employed with this organization? _____ years

3. Education:

EMT Program Location: _____ From: _____ To: _____

Additional EMS Preparatory Classes: _____

4. List states in which you hold a current EMT Certification:

State: _____ Certification#: _____ Exp. Date: _____

National Registry # (If applicable) _____ Exp. Date: _____

5. Other Patient Care Employment:

Organization _____ From: _____ To: _____

Organization _____ From: _____ To: _____

6. You will be required to submit two letters of recommendation. One must come from a higher-level medical provider (paramedics, RN or MD's) or supervisor. The letters must be signed and dated originals. Please have your letters sent by the author to:

Eastern Arizona College

Attn: EMS Department

615 N. Stadium Ave

Thatcher, AZ 85552

Or emailed to: rachel.curtis@eac.edu and john.clegg@eac.edu

7. Official transcripts must be sent to the paramedic program office. They cannot be "issued to student" or hand carried with your application. Please use the address listed above. Transcripts should show proof of completion of BIO 160 or HCE 156 or BIO 201 and 202, HCE 116, HCE 112, and EMT 200 with a grade of "C" or higher.

8. You must complete a Student Health Requirements Checklist and attach necessary documentation. (attached)

9. You must attach a copies of the following:

- Current State EMT Certification Card and NREMT Certification
- Current AHA BLS Healthcare Provider Card (Front and back)
- Copy of reading and math assessment scores
- Copy of Fingerprint Clearance Card
- Copy of current health insurance coverage

Please answer the following questions. If the answer to any question is "yes", a detailed report clarifying the situation must be attached to this application.

- Has your EMT/IEMT Certification ever been refused, suspended or revoked?
 Yes No
- Are you now addicted to drugs and/or have you ever been convicted or treated for drug addiction? Yes No
- Have you ever been convicted of a felony? Yes No

I certify that all the information provided by me is true, complete and accurate. I am responsible for provision of all requested information. Failure to provide proper documentation may adversely affect my admission into the program.

I hereby further authorize and consent to the release of information by this college, hospitals or other departments as appropriate regarding information relevant to the training program as long as such release of information is done in good faith and without malice, and I hereby release from liability Eastern Arizona College and its representatives for so doing.

I understand that Eastern Arizona College and their clinical/vehicular sites acknowledge that certain information pertaining to the condition and care of patients is confidential and, unless waived by the patient, is entitled to protection from disclosure under the law.

Applicant Signature: _____ **Date:** _____

Completed applications can be submitted to the EMS Department by email to rachel.curtis@eac.edu and john.clegg@eac.edu

STUDENT HEALTH REQUIREMENTS CHECKLIST

Please complete all the requirements listed below. You may meet the requirement with **one** of the listed suggestions. All requirements require submission of documentation to prove fulfillment of the requirement.

*MMR (Measles/Rubeola, Mumps & Rubella):

- I. Documentation of positive IgG titer for Measles/Rubeola, Mumps and Rubella.
If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and provide proof of documentation. The second MMR must be completed after 28 days and documentation submitted.
- II. Documentation of completion of one series of MMR immunizations. *One "series" of immunizations include two immunizations for each disease on separate dates at least 28 days apart (at least 4 weeks).*

*VARICELLA (Chicken Pox)

- I. Documentation of positive IgG titer for Varicella or documentation of history of the active disease. This must be documented by a physician or health department records.
If any of the titer results are NEGATIVE or EQUIVOCAL, you must provide proof of your first Varicella vaccination and documentation of the second vaccination completed 30 days later.
- II. Documentation of completion of one series of Varicella immunizations. *One "series" of immunizations includes two immunizations at least 30 days apart.*

*Tuberculosis (TB)

- I. Documentation of initial completion of a negative Two-Step TB Skin Test or negative IGRA. *Two-step TB Skin Test consists of an initial TB skin test and a boosted TB skin test 1-3 weeks following the first test.*

***If TB skin test results are POSITIVE, documentation of a clear chest X-ray is required. If chest x-ray is POSITIVE, further referral to a county public health and treatment documentation is required.**

*Hepatitis B

- I. Documentation of a positive HbsAB titer
- II. Documentation of Hepatitis B immunization series x2 if not covered to positive HbsAB titer on the first series. *One "series" of Hepatitis B immunizations includes three injections, an initial injection followed by a second injection given 1 to 2 months after the first dose and a third injection 4 to 6 months after the first dose).*
- III. Signed Declination form

*Influenza Vaccine (Flu Shot)

- I. Documentation of recent immunization
- II. Signed medical or religious exemption form. *This will require that a mask be worn during the designated flu season.*

*Tetanus/Diphtheria/Pertussis (Tdap)

- I. A one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years after 5 years in the event of a needle stick exposure. *Tdap=Tetanus/Diphtheria/Pertussis, Td=Tetanus/Diphtheria*

*10 Panel Drug Screen

****These items can often be completed at your primary care physician's office, your local health department, or at Gila Health Resources in Safford and Morenci, AZ.***

EASTERN ARIZONA COLLEGE

PPD- 2-STEP TUBERCULIN SKIN TEST

Date: _____

Student Name: _____ DOB: _____

Facility Name or Physician's Office: _____ Phone # _____

Have you previously had a POSITIVE result from a PPD skin test? Yes _____ No _____

If YES, a chest x-ray within the past five (5) years is required – attach report

Unless documentation can be provided to indicate a NEGATIVE baseline 2 Step PPD within the last twelve months, a baseline two-step PPD is required.

Visit 1, Day 1: PPD antigen is applied under the skin.

Visit 3, Day 7-21: a second PPD skin test is applied

Visit 2, Day 3: 1st PPD test is read (within 48-72 hours of placement)

Visit 4, PPD test is read (within 48-72 hours of placement)

Two step PPD (Mantoux) Note: QuantiFERON blood test, tine, or monovac are not acceptable.

STEP 1:	
Date given: _____	Signature/Title _____
Date and time read: _____	Signature/Title _____
Step 1 Results: _____ mm	Interpretation ___ Negative ___ Positive
<i>*Results must be read within 48-72 hours by trained personnel.</i>	

STEP 2:	
Date given: _____	Signature/Title _____
Date and time read: _____	Signature/Title _____
Step 2 Results: _____ mm	Interpretation ___ Negative ___ Positive
<i>*Results must be read within 48-72 hours by trained personnel.</i>	

Previous or current positive PPD or received BCG
A chest x-ray is required within two (2) years and screened for absence of active TB symptoms.
Chest x-ray date: _____ Results: _____
Medical treatment plan: _____
Student ___ can ___ cannot participate in providing patient care in all clinical areas
Provider's signature/title _____

Student Intern Agreement and Release

Student is enrolled in a course of study at Eastern Arizona College designed to enable student to become a licensed/certified Emergency Medical Technician, Emergency Medical Technician-Paramedic, or other similar pre-hospital health care provider. As part of the curriculum, student will take part in a clinical/vehicular experience which is offered through the school, with company's assistance. The Clinical/Vehicular experience involves: 1) Student performing acquired pre-hospital skills alongside company's personnel and 2) accompanying and observing the Company's personnel providing emergency and non-emergency ambulance transport, care, and related services.

Student is fully aware the clinical/vehicular experience is completely volunteer for educational purposes, not for compensation. Student has asked to participate in Clinical/Vehicular Experience knowing that participation will require Student to accompany Company personnel in dangerous and potentially life-threatening situations. Student realizes that Company and Eastern Arizona College could not, and would not, allow Student to accompany Company personnel without his/her agreement to: (i) release the Company and Eastern Arizona College from any and all claims for injury or death which may result from Student's participation in the program; (ii) assume the risk of death or injury associated with the Clinical Experience; (iii) agree to read, understand, and follow Company's policies, procedures, and guidelines; (iv) act in a professional and respectable manner at all times; and (v) follow the instruction/direction of Company personnel with respect to patient care, demeanor, safety, use of personal protective devices, scene control, etc.

Student understands that he or she is exposing himself or herself to certain risks inherent in the activities associated with the Clinical Experience. Student hereby represents that he or she agrees to assume the risks inherent in the activity. These risks include but are not limited to, being hurt or injured; (1) by broken glass (or other scene hazards) including various cuts about the head, face, eyes, hands, legs, and torso; (2) by exposure to tetanus or contagious diseases such as the Hepatitis B virus, Human Immunodeficiency Virus ("HIV"), or COVID 19; (3) injury due to gurney lifts and or drops; (4) injury from slip and fall type incidents; (5) various strains and/or sprains to one and/or all muscle groups; (6) risks associated with emergency vehicle operation; and (7) risks at the scene of emergencies including assault and battery.

In consideration of Company's agreement to provide the Clinical Experience to Student, Student agrees to release and forever discharge Company and its agents, employees, affiliates, parent corporation, successors, as well as Eastern Arizona College and assigns of and from all claims, demands, suits, injuries or damages of any kind arising in any way out of the participation in this program.

By signing this document, you acknowledge that you have been advised that there are risks inherent in this type of activity and have decided to assume that risk and release the Company and Eastern Arizona College of and from all liability. You agree to release the Company and Eastern Arizona College from any claims associated with the event and that you, not the Company or Eastern Arizona College, are assuming complete and total responsibility for any and all injuries, damages, or losses that you may suffer as a result in participating in the clinical/vehicular experience program.

I agree to all terms set forth above.

Date: _____

Signature of Student: _____

Print Name: _____

GRAHAM COUNTY COMMUNITY COLLEGE DISTRICT

TALENT RELEASE FORM

I authorize the Graham County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance, or performance on videotape, audiotape, film, photography, or any other medium.
- Use my name, likeness, voice, and biographical material in connection with these recordings.
- Copy and distribute the recording in the whole or in part solely for education related purposes by the Graham County Community College District and those acting under its authority as they deem appropriate.

NAME: _____ DATE: _____
EMAIL: _____ PHONE: _____
SIGNATURE: _____ PARENT/GUARDIAN
SIGNATURE (if under 18) _____



BIOGRAPHICAL INFORMATION

Hometown: _____ High School: _____

Major: _____ Freshman _____ Sophomore _____

Why did you choose EAC?

What is your favorite thing about EAC?

Who is your favorite instructor? Why?

What are your future plans?

Paramedic T-Shirt Order Form

Shirt(s) required for clinicals and vehicular rotations. One (1) shirt provided with course fee.
Additional shirts may be ordered and paid for by student. Please indicate size below.

Name: _____

Student ID: _____

Phone: _____

Semester: _____

Size	
Small	
Medium	
Large	
X-Large	
XX-Large	
XXX-Large	



Fingerprint Clearance Cards

To obtain information about the DPS fingerprint clearance card application process, go to the DPS website:

<http://www.azdps.gov/services/fingerprint/>

You can:

(1) Complete the application packet online (preferred)

OR

(2) Call (602) 223-2279 to request a packet by mail.

****Completing the packet online is 2-3 weeks quicker than waiting for a packet to be mailed.*

When filling out the application, be sure to mark the box next to **Health Science Student and Clinical Assistant ARS 15-1881.**

In order to enroll in class, student must present either the clearance card or proof of submission. Proof of submission includes: (1) a copy of application payment receipt or (2) a screen shot of the receipt.

