



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 2025 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 continuing accreditation*** to operate ALS training courses.

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 of EMTs (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. This program is an 11-month program designed for applicants interested in obtaining the National Registry Paramedic (NRP) 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. Please note that the state of Arizona does not allow for advanced placement into EMS education programs.

Entry into the paramedic program requires formal admission before the candidate can register for courses. For more detailed procedures regarding admission, please contact Kelsey Peru at kelsey.peru@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 (submission information located on the application below). Qualified applicants are admitted based on a selection process 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 (preferred) or in person by 5:00 PM on **May 1, 2025** 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 noted later in this packet. Applicants will be placed in the class in the order that applications are received. Class size is limited to 24 students as per AZDHS requirements. 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 applicant's age (State driver's license, ID, or passport)
3. High school graduate or GED.
4. Current AZ EMT certification and/or NREMT certification. (must remain current throughout the entire paramedic training program)
5. Current AHA BLS Healthcare Provider card (must remain current throughout the entire paramedic training program)
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 091, Reading Improvement II, or proof of at least 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 or current enrollment in EMT 200, Paramedic Prep, or proof of an approved paramedic preparation course. **Contact the Program Director at john.clegg@eac.edu 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.
16. Official transcripts must be sent directly to the Allied Health Clinical Coordinators office. They cannot be "issued to student" or hand carried with your application.

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 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
My Clinical Exchange Subscription			\$38
Overall cost not including texts or uniforms:			\$5,387

Textbooks
(Costs are approximate and subject to change)

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

REQUIRED PARAMEDIC CLASS TEXTS

- Sanders' Paramedic Textbook 6th Edition (please note new book and new edition)
ISBN: 9781284277487
- Sanders' Paramedic Textbook - Student Workbook 6th 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 7th Edition by Barbara J Aehlert MSEd BSPA RN 7th Edition
ISBN: 978-0323833547
- 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
- AMLS 4th Edition
ISBN: 978-1284295542

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

IMPORTANT DATES

Application Deadline:	May 1, 2025
Paramedic Prep Class:	June 9-12, 2025 (8am-5pm)
Mandatory Pre-Class Meeting:	August 14, 2025
Classes begin:	August 18, 2025

WEEKLY CLASS SCHEDULE

Monday: 9am – 3pm	Didactic in-classroom
Tuesday: 9am – 4pm	Skills Lab
Wednesday: 9am – 3pm	Didactic in-classroom

PARAMEDIC PROGRAM SELECTION PROCESS

When necessary, selection into the paramedic training program will be based on the following criteria. This typically occurs when the number of applicants exceeds the available seats in the program. The selection process includes an assessment of your cognitive, psychomotor and affective abilities and will be scored as follows:

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 scoringsheet. (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%)

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:
<https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/drug-profiles-mdc-approved-jan-20-2022-meeting.pdf?v=20221025>
- 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. Working full-time during paramedic school is not recommended (although sometimes necessary), 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 a top priority.**



Paramedic Training Program Application

DUE MAY 1 FOR AUGUST ADMISSION CONSIDERATION

Program Start Date: August 18, 2025

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: _____

Paramedic Training Program Application

(Continued)

6. You will be required to submit two letters of recommendation. One must come from a higher-level medical provider (paramedic, RN or MD's) or supervisor. The letters must be signed and dated originals.
7. Official transcripts must be sent to the Allied Health Clinical Coordinator 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 or show as "in progress."
8. You must complete a Student Health Requirements Checklist and attach necessary documentation. (See the following page)
9. You must attach copies of the following:
 - Current State EMT Certification Card and/or NREMT Certification
 - Current AHA BLS Healthcare Provider Card (Front and back)
 - Proof of Applicant Age (State issued DL, ID or Passport)
 - Copy of reading and math assessment scores
 - PPD-2 Step Tuberculin Skin Test or equivalent
 - Student Intern Agreement and Release
 - GCCC Talent release form
 - 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/AEMT 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 the 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:** _____

SUBMISSION INFORMATION

Complete all the items in this packet and submit it via email (preferred) or in person to the Allied Health Clinical Coordinator Office:

C/O Kelsey Peru
Office: Science/Allied Health Rm 114
Office Phone: 928-428-8355
Hours: Monday – Thursday 8am-1pm
Email: kelsey.peru@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 items require submission of documentation to prove fulfillment.

1. *Tuberculosis (TB)

I. Tuberculosis (TB) Screening

I. Documentation of initial completion of a negative Two-Step TB Skin Test or negative IGRA within the last year. **** Use 2 Step TB form on page 7**.** *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 a student has a documented 2-step with negative results, then only a one-step is necessary.*

-OR-

II. *Submit documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last six months.*

-OR-

III. *Submit documentation of a negative chest X-ray if TBST or Blood Testing is positive.*

IV. ****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.**

2. Ten-Panel Drug Screen

*10-panel UDS or blood draw screens for the presence of the following drugs; cocaine, opiates, marijuana (THC), PCP, amphetamines, benzodiazepines, barbiturates, methadone, propoxyphene and Quaaludes. This can be obtained at Gila Health Resources or Graham County Health Department. *Only negative results will be accepted.*

Recommended Items

The following immunizations are highly recommended; however, they may become a requirement depending on the needs of our clinical and vehicular partners. Not having them may limit your ability to complete clinical and/or vehicular rotations with certain agencies.

Influenza Vaccine (Flu Shot)

I. Documentation of recent immunization. *"Recent" is within the last year.*
II. Signed medical or religious exemption form. *This may require that a mask be worn during the designated flu season depending on My Clinical Exchange (MCE) or clinical partner policy.*

Hepatitis B

I. Documentation of a positive HbsAB titer.
II. Documentation of Hepatitis B immunization series x 2 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.

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 includes two immunizations for each disease on separate dates at least 28 days apart (at least 4 weeks).*

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*

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.

Documentation of completion of one series of Varicella immunizations. *One “series” of immunizations includes two immunizations at least 30 days apart.*

**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. Call for availability.*

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):

STEP 1:

Date given: _____ Signature/Title _____

Date and time read: _____

Signature/Title _____

Step 1 Results:

mm

Interpretation

Negative

Positive

**Results must be read within 48-72 hours by trained personnel.*

STEP 2:

Date given: _____ Signature/Title _____

Date and time
read: _____

Signature/Title _____

Step 2 Results:

mm

Interpretation

Negative

Positive

**Results must be read within 48-72 hours by trained personnel.*

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?



Fingerprint Clearance Cards

To complete the DPS fingerprint clearance card application process, complete the following steps:

1. Go to <https://psp.azdps.gov>
2. Locate the “Fingerprint Clearance Card” tab and click continue
3. Select “Apply for a Card/Request a Replacement” and click continue
4. Create an account and login
5. Select “Apply for a New Clearance Card” > “Non-IVP” > “Agree to the Privacy Act” > Continue > select “Health Science Student and Clinical Assistant ARS 15-1881” > continue > complete the application as directed.
6. Submit the order and pay.
7. Once the application is complete, you will need to schedule an appointment online with Arizona Live Scan fingerprinting to have your digital prints taken at a local location. The only location in the Graham County Area is CMI Quick Copy in Safford: 928-428-7225.
8. Go to your appointment and have your digital prints taken. The location will automatically submit the prints to the state. Your card should arrive in the mail within 2-3 weeks.
9. Submit card to the Allied Health Clinical Coordinators office.

To enroll in class, students 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.

