

PARAMEDIC PROGRAM

**\*\*PLEASE NOTE\*\***

Paramedic applications for the upcoming Fall semester (beginning mid Jan 2023 thru July 3<sup>rd</sup> 2023).

**SUBMITTING YOUR PARAMEDIC APPLICATION** (please following instructions below)

- **Paramedic Application: Submit application to: [tricia.jones@imperial.edu](mailto:tricia.jones@imperial.edu)**  
 Save as a document (Example: John Doe - PARAMEDIC APP 2023) The application is fillable format and make sure to sign electronically where designated marked.



Paramedic Applicant:

Thank you for your interest in the Paramedic Program at Imperial Valley College. Attached is the application packet. Please complete the information and return it with the required attachments to the EMS Office. Applications will be open and accepted **mid January through July 3<sup>rd</sup>**. Completed applications submitted will be reviewed and selections for the next paramedic program will be made by the end of **July**.

The IVC Paramedic Program will begin in the **fall semester (August)**, and is contingent upon the minimum number of accepted applicants.

Fall	Winter	Spring	Summer	Fall
EMTP 200	EMTP 202	EMTP 204	EMTP 225	EMTP 235
		EMTP 206		EMTP 245

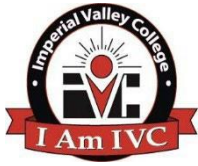
Completion of IVC's BIOL 090, Human Anatomy & Physiology for Health Occupations, or the equivalent or higher level Anatomy & Physiology, will be required of all students effective fall semester. It will be necessary to confirm with the IVC Health and Public Safety's counselor:

**Paige Lovitt, Program Counselor**  
 Building 100; Phone: 760-355-6418; Email: [paige.lovitt@imperial.edu](mailto:paige.lovitt@imperial.edu)

If you have any questions, you may contact the EMS Office (760) 355-6483.

Respectfully,

Steve Holt  
 EMT-P, BS EMS Coordinator



IMPERIAL VALLEY COLLEGE  
Health & Public Safety Emergency Medical Services  
380 E. Aten Road, Imperial, California 92251 Phone: (760) 355-6483



## PARAMEDIC PROGRAM

### **APPLICATION PROCESS:**

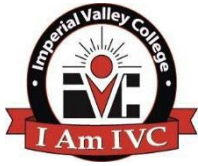
**ALL** of the following **must** be completed and submitted with your application to the Paramedic Program. Your application **will not** be considered **without all** required materials.

1. \_\_\_\_\_ Complete application form
2. \_\_\_\_\_ Complete employer/supervisor evaluation form
3. \_\_\_\_\_ Complete personal reference form
4. \_\_\_\_\_ Copy of current BLS HCP CPR course completion card. (American Heart Association).
5. \_\_\_\_\_ Copy of current EMT-I, AEMT, EMT-II or RN license. (rev.1/20/23)
6. \_\_\_\_\_ Documentation regarding minimum of 1-year experience as an EMT, AEMT, EMT-II, or RN. (Need employer/supervisor to verify 1-year experience) (rev. 1/20/23)
7. \_\_\_\_\_ A 1-2-page paper describing why you are a good candidate for paramedic training.
8. \_\_\_\_\_ Unofficial college transcripts with EMT-I, EMT-B, and/or EMT-II letter grade, IVC WebSTAR transcript copy also accepted for EMT-English, Math.
9. \_\_\_\_\_ Copy of High school diploma or GED.
10. \_\_\_\_\_ Completed Paramedic Program Applicant Survey. (Provided).

**ALL APPLICATIONS MUST BE RECEIVED IN THIS OFFICE BY JULY 3. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED.**

**WE HOLD ONE PROGRAM EVERY 18 MONTHS.**

Steve Holt, EMT-P, BS EMS Coordinator



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**APPLICATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

IVC Student #: G00 \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Level EMS Certification: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

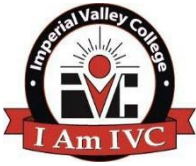
Certification/License #: \_\_\_\_\_

School(s) attended for EMS Training: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of first EMT-I/EMT-II Certification: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Contact Phone #  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip



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**EMPLOYER/SUPERVISOR EVALUATION FORM**

Dear Employer/Supervisor \_\_\_\_\_  
(Name of Employer/Supervisor)

I have given your name as my employer/supervisor for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Applicant's name printed

**Employer/Supervisor, please fill out the following:**

- Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average    2 = average    3 = above average    4 = exceptional

- |                           |                          |
|---------------------------|--------------------------|
| _____ Alertness           | _____ Honesty            |
| _____ Ambition            | _____ Initiative         |
| _____ Appearance          | _____ Leadership Ability |
| _____ Cooperativeness     | _____ Patient Care       |
| _____ Courtesy            | _____ Reliability        |
| _____ Dependability       | _____ Resourcefulness    |
| _____ Dignity & Poise     | _____ Self Control       |
| _____ Emotional Stability | _____ Self-Motivation    |
| _____ Good Judgment       | _____ Tact               |

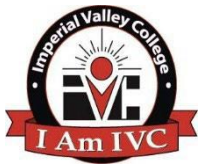
2. How do you place this applicant as suitable candidate for Paramedic Training? (1-4) \_\_\_\_\_

3. How long has the applicant worked for your agency? \_\_\_\_\_

4. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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PARAMEDIC PROGRAM

**PERSONAL REFERENCE FORM**

Dear Personal Reference: \_\_\_\_\_:  
(Name of person giving reference)

I have given your name as my employer/supervisor for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Applicant's name printed

**Employer/Supervisor, please fill out the following:**

1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average    2 = average    3 = above average    4 = exceptional

- |                           |                          |
|---------------------------|--------------------------|
| _____ Alertness           | _____ Honesty            |
| _____ Ambition            | _____ Initiative         |
| _____ Appearance          | _____ Leadership Ability |
| _____ Cooperativeness     | _____ Patient Care       |
| _____ Courtesy            | _____ Reliability        |
| _____ Dependability       | _____ Resourcefulness    |
| _____ Dignity & Poise     | _____ Self Control       |
| _____ Emotional Stability | _____ Self-Motivation    |
| _____ Good Judgment       | _____ Tact               |

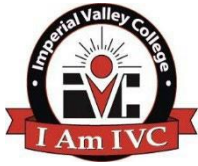
2. How do you place this applicant as suitable candidate for Paramedic Training? (1-4) \_\_\_\_\_

3. How long has the applicant worked for your agency? \_\_\_\_\_

4. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



PARAMEDIC PROGRAM

**PARAMEDIC PROGRAM APPLICANT SURVEY**

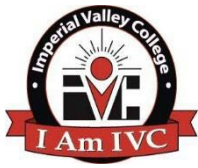
Today's Date: \_\_\_\_\_ Semester & year you are applying for: \_\_\_\_\_

This survey was designed to develop a profile of students applying to our Paramedic Program. Our goal is to help our applicants become successful program graduates. Your feedback is important to us. We encourage you to complete and return this survey in the enclosed envelope to help us better serve you, your fellow students, and our community.

Please be advised that completion of this survey form is not required and will not be utilized in the program selection process.

Instructions: Read each statement and please mark appropriate answer.

1. Age:    \_\_\_ 18-25 yrs            \_\_\_ 26-35 yrs            \_\_\_ 36-45 yrs            \_\_\_ 46+ yrs
2. Gender:        \_\_\_ Female                    \_\_\_ Male
3. Ethnicity:     \_\_\_ American Indian    \_\_\_ African American    \_\_\_ Asian            \_\_\_ Caucasian  
                      \_\_\_ Filipino        \_\_\_ Hispanic        \_\_\_ Pacific Islander    \_\_\_ Other
4. Do you have dependents living with you? (i.e. children under age of 18, parents, grandparents, etc.)  
    \_\_\_ Yes            \_\_\_ No
5. Are you a single parent?  
    \_\_\_ Yes            \_\_\_ No
6. Number of children living at home:    \_\_\_ 0    \_\_\_ 1    \_\_\_ 2    \_\_\_ 3    \_\_\_ 4    \_\_\_ 5 or more
7. One-way travel distance from residence to campus:  
    \_\_\_ 0-10 miles    \_\_\_ 11-20 miles    \_\_\_ 21-30 miles    \_\_\_ 31-40 miles    \_\_\_ 41+ miles
8. Average weekly hours of employment:  
    \_\_\_ Not Employed    \_\_\_ Employed less than 40 hours/week    \_\_\_ Employed 40+ hours/week
9. Have you had previous paid work experience in EMS or health care?  
    \_\_\_ Yes            \_\_\_ No



PARAMEDIC PROGRAM

**PARAMEDIC PROGRAM APPLICANT SURVEY CONTINUED**

10. If you responded yes to #9, please indicate which experiences apply to you:

- |                                          |                                                      |
|------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Nurse Assistant | <input type="checkbox"/> Supportive Personnel        |
| <input type="checkbox"/> LVN             | <input type="checkbox"/> Housekeeping, dietary, etc. |
| <input type="checkbox"/> RN              | <input type="checkbox"/> Military Medic              |
| <input type="checkbox"/> Dental Hygiene  | <input type="checkbox"/> Health Information Services |
| <input type="checkbox"/> Radiology       | <input type="checkbox"/> Medical Assistant           |
| <input type="checkbox"/> EMT             | <input type="checkbox"/> Medical Clerk               |
| <input type="checkbox"/> Paramedic       | <input type="checkbox"/> Psych Tech                  |
| <input type="checkbox"/> Other _____     |                                                      |

11. Years worked in EMS or healthcare:

- |                                           |                                   |
|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6+ years |
| <input type="checkbox"/> 1 year–3 years   | <input type="checkbox"/> N/A      |
| <input type="checkbox"/> 3 years–6 years  |                                   |

12. Previous volunteer experience in EMS or healthcare:

- |                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Student       | <input type="checkbox"/> Other Health Care Services |
| <input type="checkbox"/> EMS Volunteer | <input type="checkbox"/> Fire Department Volunteer  |
| <input type="checkbox"/> N/A           |                                                     |

13. Highest post high school education level completed:

- |                                            |                                                    |
|--------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> None              | <input type="checkbox"/> Bachelor's Degree         |
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> Master's Degree or higher |
| <input type="checkbox"/> Associates Degree |                                                    |

14. Your primary place of residence for the past 12 months:

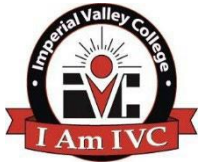
- |                                        |                                           |                                            |
|----------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> In California | <input type="checkbox"/> In another state | <input type="checkbox"/> Outside of the US |
|----------------------------------------|-------------------------------------------|--------------------------------------------|

15. College courses completed with a "C" average or better (mark all that apply):

- |                                       |                                              |
|---------------------------------------|----------------------------------------------|
| <input type="checkbox"/> EMT-I        | <input type="checkbox"/> Biology             |
| <input type="checkbox"/> Anatomy      | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Physiology   | <input type="checkbox"/> Psychology          |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Sociology           |
| <input type="checkbox"/> Chemistry    | <input type="checkbox"/> Humanities          |
| <input type="checkbox"/> English      | <input type="checkbox"/> Cultural Pluralism  |
| <input type="checkbox"/> Math         |                                              |

16. Are you receiving a scholarship or financial aid?

- Yes (If yes, Pell Grant  Yes  No)
- Employer
- CalWORKS
- Local organization scholarship
- Other



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**PARAMEDIC PROGRAM APPLICANT SURVEY CONTINUED**

17. Are you (or think you may be) eligible to receive a grant through any of the following:  
*Pell Grant, CalWORKS, JOBS, JTPA, SST, General Assistance, AFDOC, any other form of economic public assistance and/or annual income level below \$7,500.00 for single person, \$15,000.00 per couple with \$1,000.00 additional for dependent child.*

Yes       No       I don't know

18. Did you enter the program as a/an:

- General student
- Re-entry
- Other

19. The main reason you chose this program is:

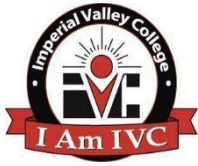
- |                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Required to maintain existing job | <input type="checkbox"/> Retraining after layoff |
| <input type="checkbox"/> Career ladder opportunity         | <input type="checkbox"/> Career change           |
| <input type="checkbox"/> Lifetime goal                     | <input type="checkbox"/> Other _____             |

20. How did you learn about the IVC paramedic program?

- |                                                            |                                                     |
|------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> College Counselor                 | <input type="checkbox"/> Employer/Co-Workers        |
| <input type="checkbox"/> Friends                           | <input type="checkbox"/> Former student/graduate    |
| <input type="checkbox"/> Professionals practicing in field | <input type="checkbox"/> College catalog            |
| <input type="checkbox"/> IV Press                          | <input type="checkbox"/> Independent Research       |
| <input type="checkbox"/> Career / Health Fair              | <input type="checkbox"/> Hospital / Fire Department |
| <input type="checkbox"/> Other _____                       |                                                     |

Your time to complete and return this survey is greatly appreciated! If you have any questions, please contact the Coordinator.





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**Estimated Cost Paramedic Program\***

IVC Registration Fees	41.5 units X \$46/unit	\$1909.00
Student Rep Fee (1.00 each semester)		\$4.00
CPR Instructor Course Fees	Instructor manual and face mask	\$53.00
ALS Fee (supplies and equipment)		\$100.00
Books	Didactic texts, ACLS, PALS, EKG	\$700.00
Skills Tracking Fee	One year	\$85.00
Clinical/Field Shirts	30.00 each x 4	\$120.00
Health Fee (Subject to change)	\$19.00 Spring/Fall	\$38.00
	\$15.00 Summer/Winter	\$30.00
Background/Drug Screening	<b>\$95.00</b>	<b>\$95.00</b>
Yearly parking fees	\$25.00 Spring/Fall	\$50.00
	\$15.00 Summer/Winter	\$30.00
<b>Total Estimated Program fees</b>		<b>\$3164.00</b>
National Registry Exam Site Fee		\$175.00
National Registry Online Exam Fee		\$110.00
State Licensing Fee		\$250.00
Fingerprint Fee		\$25.00
<b>Total (estimated fees) For licensure</b>		<b>\$3699.00</b>
<b>Optional - Add 6 units for two management courses to complete AS degree</b>		<b>\$216.00</b>
Textbooks for additional classes		\$120.00
<b>Total estimated fees for AS degree in EMS</b>		<b>\$4035.00</b>

\*NOTE: Costs subject to change. Does not include cost of textbooks on the “recommended list” or for workbooks that the student chooses to purchase.  
 \$45.00 PALS Manual  
 \$45.00 ACLS Manual  
 \$494.00 Paramedic Care Textbook set (Package ISBN-13:[9780134572734](https://www.bradybooks.com/9780134572734) on Brady books website is \$494.00, includes texts and online materials to help students – recommended. Shopping for books on the web can lead to lower prices. Buying books individually, is more expensive usually.)  
 \$99.00 Basic Cardiac Dysrhythmia textbook (Brady Books)