2013-2014, 9 Month, 
Paramedic Program Course Announcement

This 1,000 hour Paramedic Course follows the United States Department of Transportation National Standard Paramedic Training Program and the NEW Ohio Division of EMS 2012 Paramedic curriculum requirements (oac 4765-17-04). Students that successfully complete this program are eligible to test for certification by the National Registry of Emergency Medical Technicians. Upon receipt of the NREMT-P certification, candidates may make application to the Ohio Department of Public Safety Division of EMS for Ohio paramedic certification.

The course format will utilize blending of classroom sessions and books, e-learning tools and on-line course supplements, and the following traditional academic formats: In classroom Didactic and Laboratory- 570 hours, Preceptor assisted Field Internship and Clinical - 430 hours.

The Geauga Medical Center Paramedic Program prides itself on its commitment to student success, its innovative strategies for student learning, and its unique clinical preceptor program. Because of the school’s tight integration with Geauga Hospital, each student will have assigned preceptors dedicated to enhancing the student’s clinical experience and overall professional success.

This course includes the following nationally recognized courses for certification: American Heart Association Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS)*
International Trauma Life Support (ITLS)* and Pediatric Education for Pre-hospital Providers (PEPP)*

*PALS, ITLS, and PEPP certifying classes will be scheduled but can not be guaranteed. These courses are typically scheduled near the end of each program and are dependent upon dynamic time constraints. In the event that any of these courses are not included in the paramedic program, the University Hospital’s EMS Institute will offer any passing student enrollment in each course not covered free of charge. The course must be taken within one year of program completion and must be a course with open enrollment.
Classes will be held on Tuesday’s and Friday’s from 0930 until 1730 beginning on Tuesday, August 27th, 2013 and ending on Friday, June 6th, 2014. The first four weeks of the course will be dedicated to Anatomy, Physiology, and Medical Terminology. As required by Ohio law, this introduction to the Paramedic Course is a “prerequisite” for all other portions of the Paramedic Course. Internship and Clinical hours will be scheduled around these classroom times. Classes will normally be held at:

University Hospitals Woodiebrook Education Center
Woodiebrook Gables Plaza
602 South Street - Suite #C4 Chardon, OH 44024

Application and $35 Fee Deadline: August 1st, 2013
Pre-Testing and Candidate Interview Dates: August 2, 5, 8, and 14. Specific dates and times will be scheduled individually.
Prerequisite A&P/Medical Terminology: The student must successfully pass this 4 week prerequisite course to continue into the Paramedic Program. (August 27th – September 20th). The A&P book and medical terminology worksheets may be given to the student at the time of pre-testing and interview if course payment has been made. This is highly recommended!!!!
Tuition: $4,500.00 (if paid at the time of Registration)
$5,000.00 (if paid after the start of the first session or if paying in installments)
Textbooks - Will be supplied by the program and include the Paramedic textbook. Additional books will be lent to each student and returned to the EMS Institute’s lending library.
Tuition includes - Student Uniform Shirt, Student Identification Badge, and a multitude of web based course supplements including on line clinical scheduling, Course Compass (college Blackboard), and computer adaptive testing and practice testing (similar to the Registry).
Additional Fees: National Registry - Paramedic $110.00 or current.
The cost of meals, coffee breaks, additional remedial courses, and transportation is the responsibility of the individual student.
Tuition and fees: Tuition is due and must be paid at the time of registration. All other fees must be paid at the time they are incurred. The UH Geauga Medical Center EMS Education Advisory Board and the Hospital Board of Trustees reserve the right to alter fee structure at any time prior to the start of a class session.

The UH Geauga Medical Center EMS Education Program is accredited by the Ohio Department of Public Safety Division of EMS, Columbus, Ohio, Accreditation # 206.
For further information, visit www.uhhsems.com or contact:

Judy Gau, (cell) 440-735-3513 or (email) judy.gau@UHhospitals.org
J.P. Michalak, (cell) 216-470-4509 or (email) johnpaul.michalak@UHhospitals.org
Ed McCormack, (cell) 216-789-3549 or (email) edward.mccormack@UHhospitals.org
Dan Ellenberger, (cell) 216-767-8449 or (email) daniel.ellenberger@UHhospitals.org
Applying For: EMT Basic_____EMT Intermediate_____EMT Paramedic Course_____

Date___________________________ Social Security Number _____________________

Name___________________________________Home Phone _____________________
   Last                           First                         MI
Home Address__________________________ e-mail ___________________________

City___________________________ State____________ Zip_____________________

Birthdate____________________________ Driver’s License Number* *
*Attach copy of Driver’s License

EDUCATION
(Circle highest Grade Completed*) H.S. 9 10 11 12    College 1 2 3 4 +
*Must include copy of High School Diploma or GED with this application

Further Education: Name of school Degree/diploma earned Major area of study
________________________________________________________________________
________________________________________________________________________

Level of Ohio Certification*: ___EMT-Basic ___ EMT Intermediate
*Must attach a copy of Ohio Certification card with this application
Certification Number _________________ Expiration Date: _______________________

EXPERIENCE
Primary EMS_________________________________________ City _______________
Secondary EMS_______________________________________ City _______________
Length of EMT Experience: From _________ to _________ Total ___ years ___ months
List EMS Experience *
Where Vol/Paid Dates Estimated # of runs/yr
________________________________________________________________________
________________________________________________________________________

*Please have your EMS Chief / Administrator write a letter of recommendation including the following: How long you have been with his/her unit; why he/she feels you would be qualified to enter this program; how this education would benefit you and the department; and whether or not you exhibit mature judgment.

UH Geauga Medical Center - Paramedic / Intermediate Program Application
List all training you have had pertaining to Emergency Medical Care / Rescue*

________________________________________________________________________

*Attach copy of current CPR card (front and back), copies of IS-100 and IS-700 NIMS training, and copies of any special certification cards related to EMS.
Questionnaire

HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO, OR HAD A JUDICIAL FINDING OF GUILT FOR ANY OF THE FOLLOWING: FRAUD OR MATERIAL DECEPTION IN APPLYING FOR, OR OBTAINING A CERTIFICATE TO PRACTICE; ANY OF THE FOLLOWING FELONIES: MURDER, AGGRAVATED MURDER, VOLUNTARYmanslaughter, FELONIOUS ASSAULT, KIDNAPPING, RAPE, SEXUAL BATTERY, GROSS SEXUAL IMPOSITION, AGGRAVATED ARSON, AGGRAVATED ROBBERY, AGGRAVATED BURGLARY; A MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION COMMITTED IN THE COURSE OF PRACTICE, A MISDEMEANOR INVOLVING MORAL TURPITUDE; A VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL NARCOTICS LAW; ANY ACT COMMITTED IN ANOTHER STATE, THAT, IF COMMITTED IN OHIO, WOULD CONSTITUTE A VIOLATION SET FORTH IN 4765-8-01 (A) (3) (B) OF THE OHIO ADMINISTRATIVE CODE:

_____ Yes _____ No

HAVE YOU BEEN ADJUDICATED MENTALLY INCOMPETENT BY A COURT OF LAW?

_____ YES _____ NO

ARE YOU CURRENTLY UNDER INDICTMENT FOR A FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE?

_____ YES _____ NO

DO YOU CURRENTLY ENGAGE IN THE ILLEGAL USE OF CONTROLLED SUBSTANCES, ALCOHOL, OR OTHER HABIT-FORMING DRUGS OR CHEMICAL SUBSTANCES?

_____ YES _____ NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE ATTACH DOCUMENTATION TO EXPLAIN**

Please enclose a letter stating why you want to be an Intermediate / Paramedic.
Please enclose a letter of recommendation from a personal reference.
Also, enclose check or money order in the amount of $35.00 (payable to UH EMS-I).
This application fee is non-refundable.

I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent dismissal. I further agree to abide by all the rules and regulations of the UH Geauga Medical Center EMS Education Program as promulgated by the EMS Education Advisory Board.

___________________________________      ____________
Signature of applicant         Date

Return pages 3 and 4 of this application to:
UH EMS Training & Disaster Preparedness Institute
44 Blaine Ave
Bedford, Ohio 44146
Phone: 440-735-3513

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ENTRANCE REQUIREMENTS
1. Each person applying for Emergency Medical Technician - Paramedic Training should volunteer for the program and not be forced into training.
2. Must be a minimum of 18 years of age.
3. Must be a High School Graduate or have a GED Certificate. A copy of his/her H.S. Diploma or GED certificate must be included with the application.
4. Must be a certified Basic EMT or EMT-Intermediate in the State of Ohio, active with an ambulance service or rescue unit (preferably with a minimum of one (1) year experience in EMS).
5. It is also recommended that the applicant have National Registry Certification.
6. Must possess a Current Driver’s License.
7. Must hold current BLS Healthcare Provider or BLS Instructor card.
8. Must have IS-100 Introduction to Incident Command and IS-700 Introduction to NIMS through FEMA.
9. It is highly recommended that the applicant has completed an Anatomy and Physiology Course and a Medical Terminology Course before beginning this program.
10. Must achieve an acceptable score on the pre-testing assessments.
11. Must have regular e-mail and laptop computer access.
12. Must have Maturity of judgment and good moral character as determined by a personal letter explaining the applicant’s reasons for wanting to become an Intermediate or Paramedic and a Personal Interview with the Selection Committee.
13. Must be of Suitable Health, determined by a physical examination. Must also submit documentation of immunizations (MMR, tetanus, HBV*) and TB testing (interpreted within the past 6 months). *In lieu of HBV vaccine, must present signed waiver declining vaccine.
14. Must have two (2) letters of recommendation: one (1) from your department Chief, EMS Employer, EVC Instructor, or Physician Advisor, and one from a personal reference.
15. Is not currently charged with, incarcerated for, and/or on parole or probation for a felony charge. A background check will be conducted on all applicants accepted to the course.
16. Must be approved by the Selection Committee of the EMS Education Advisory Board.
17. A Non-Refundable $35.00 Application Processing Fee must accompany each Application.
18. Students will be asked to submit a Declaration Regarding Material Assistance / Non Assistance to a Terrorist Organization (DMA) Form when applying for State Certification, pursuant to the Ohio Revised Code 2909. Additional information, including the Terrorist Exclusion List is on the Ohio Homeland Security Web site - http://www.homelandsecurity.ohio.gov/dma.asp.
Immunization history, physical exam, and proof of insurance are not required until after acceptance to the program.
STUDENT SELECTION
Students selected for the Paramedic Course will be those students that meet the minimum entrance requirements and place highest in the total number of combined points awarded for the written exam and the personal interview.

ADMISSION DENIAL
* Any Applicant would be denied Entrance into the Program for the following reasons:
  1. Failure to meet Entrance Requirements.
  2. Giving false or misleading information to the Selection Committee.
  3. Not having Sound Moral and Ethical Character.
  4. Failing the Physical Examination.
  5. Failure to achieve an acceptable score on the pre-testing assessments.

CREDIT FOR PREVIOUS TRAINING / EXPERIENCE
Credit for previous training and/or experience may be awarded. A request for credit must be submitted in writing and will be reviewed by the Program Director. Requests for credit for previous training and/or experience will be considered on an individual basis by the Program Director and awarded as applicable.
4765-8-01 Qualifications for a certificate to practice.

(A) An applicant for a certificate to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic must meet the following requirements:
(1) Submit a completed application on a form approved by the board;
(2) Successfully complete an EMS training program through an accredited institution, pursuant to section 4765.17 of the Revised Code and Chapter 4765-7 of the Administrative Code, and receive a certificate verifying completion of such program at the level for which the certificate to practice is sought. Such program must have been completed no more than two years prior to making application;
(3) Submit documentation of successful completion of the following federal emergency management agency training courses:
   (a) National incident management system course IS-700.a:
      (i) For online courses, the web site can be accessed at http://training.fema.gov/emiweb/IS/crslist.asp;
      (ii) For materials and information for instructor led, classroom-based courses, the web site can be accessed at http://www.fema.gov/emergency/nims/index.shtm;
   (b) Incident command system course IS-100.b:
      (i) For online courses, the web site can be accessed at http://training.fema.gov/emiweb/IS/crslist.asp;
      (ii) For materials and information for instructor led, classroom-based courses, the web site can be accessed at http://www.fema.gov/emergency/nims/index.shtm.
Completion of the above courses is mandated by the department of homeland security pursuant to homeland security presidential directives five (HSPD-5, February 28, 2003) and eight (HSPD-8, December 17, 2003) and approved by the board as being necessary for initial training.
(4) Pass an initial certification examination in accordance with rule 4765-8-05 of the Administrative Code;
(5) Be at least eighteen years of age;
(6) Has not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, any of the following:
   (a) Any felony;
   (b) A misdemeanor committed in the course of practice;
   (c) A misdemeanor involving moral turpitude;
   (d) A violation of any federal, state, county, or municipal narcotics or controlled substance law;
   (e) Any act committed in another state or jurisdiction that, if committed in Ohio, would constitute a violation set forth in this paragraph.
(7) Has not been adjudicated mentally incompetent by a court of law;
(8) At the time of application, is not under indictment for any felony or has any misdemeanor charges pending as outlined in paragraph (A)(6) of this rule;
(9) Does not engage in the illegal use or illegal acquisition of controlled substances, alcohol, or other habit-forming drugs or chemical substances while on duty as an EMS provider;
(10) Has not committed fraud or material deception in applying for, or obtaining a certificate issued under Chapter 4765. of the Revised Code;
(11) Has not been convicted, in this state or another state, of providing emergency medical services or representing himself/herself as an EMS provider without a license or certificate, or similar crime directly related to the profession of EMS;
(12) If the applicant is, or has been, certified or licensed as an EMS provider in this state or another state, the applicant’s certificate or license is not currently on probationary status nor has it been suspended or revoked by the board or the EMS certifying or licensing entity in another state.
(B) In deciding whether to grant a certificate to practice, the board has the following options:
(1) The board shall issue a certificate to practice to an applicant who meets all of the requirements listed in paragraph (A) of this rule;
(2) The board shall refuse to grant a certificate to practice to an applicant who fails to meet one or more of the requirements listed in paragraphs (A)(1) to (A)(5) of this rule;
(3) The board may grant, refuse to grant, or limit a certificate to practice to an applicant who meets the requirements listed in paragraphs (A)(1) to (A)(5) of this rule, but fails to meet one or more of the requirements listed in paragraphs (A)(6) to (A)(12) of this rule.

Effective: 02/06/2012