

Elizabethtown Community Hospital
PARAMEDIC PROGRAM

Application for Paramedic Program 2024

Burlington, VT Classroom

Application Deadline

Dec. 7, 2023

Please read through the whole application to ensure all information is accurate. All information requested must accompany the application.

- Proof of Course Prerequisites (EMT, ICS 100, ICS 700, ICS 800, Hazmat Awareness)
- Copies of all Current EMT and EMS related Certificates: This must include your current EMT and CPR, but may also include any additional certificates you want considered in the selection process (ie: ACLS, PALS, PHTLS, BTLS, ITLS, AMLS, PEPP, EPC, GEMS, HazMat, etc.)
- 250-500 Word Admissions Essay (See page 2 for requirements)
- Current Resume
- Three (3) Letters of Recommendation
- Signed application
- Signed ESA Authorization and Release of Information Form for background check

Please email your completed application to paramedic@ech.org

Then mail hard copy and application fee to the below address please-

- Application fee \$50. Must be certified check or money order. (Made out to "Elizabethtown Community Hospital", and "Paramedic Program" in the memo – mailed to:

UVMHN- Elizabethtown Community Hospital
Attn: Paramedic Program
PO Box 277
Elizabethtown, NY 12932

ADMISSION ESSAY

A typed application essay of 250-500 words (Double Spaced, 1" margins, 12 point font, Times New Roman) must be submitted with this application to be considered for admission into the UVMHN- Elizabethtown Community Hospital Paramedic Program. The essay should state why the applicant wishes to become a paramedic and why s/he wishes to attend the UVMHN- Elizabethtown Community Hospital Paramedic Program.

PAST EDUCATION

Include a copy of all college transcripts. If no college history; include a copy of your high school diploma or GED.

Include photocopies of **ALL** current EMS or medical related certificates/licenses that you want considered in the application process.

RESUME

Please attach a current resume with at least 3 personal references included.

LETTERS OF RECOMMENDATION

You must include Three (3) Letters of recommendation. One (1) of the letters should include someone who has recently supervised your practice in EMS. The other Two (2) should be professional references.

PHASE 1 - APPLICATION SUBMISSION

Seating capacity will be limited for the Paramedic Program. Applicants will be rank-ordered based upon their submitted application. The top applicants from will progress to "Phase 2"; written entrance examination, EMT practical skills testing, and the oral interview.

Items to include with your program admission application:

College Education and progress toward degree

Experience *and* Patient Contact in Emergency Medical Services, Hospital, or Military Service

National Registry EMT, AEMT

Licensure of other allied health profession (RN, RT, PA, PT, OT, MT, etc)

Certification courses (PHTLS, AMLS, PEPP, EPC, ACLS, PALS, GEMS, etc)

- Anything you wish to share that you feel would make your application stand out.

PHASE 2 – WRITTEN ENTRANCE EXAM, PRACTICAL SKILLS EXAM, AND ORAL INTERVIEW

Applicants who successfully pass the Written Entrance Examination are required to successfully pass a scenario based practical skills test at the basic EMT level.

The Program Selection Committee will invite those applicants successfully passing both the Written Examination and Practical Skills test to an oral interview. (Note: Phone interviews may be granted due to unusual circumstances.)

Based on the Selection Committee's post-interview feedback, suitable applicants will be invited to the Paramedic Program.

If an accepted applicant declines to enroll in the UVMHN- Elizabethtown Community Hospital Paramedic Program, the standby list will be implemented.

For additional assistance:

Sarah Lamb, NRP- Burlington Classroom [instructor-slamb3@ech.org](mailto:slamb3@ech.org)

Julie Tromblee, Interim Director jtromblee@ech.org or paramedic@ech.org

Program Information

The program will begin 1/19/2024. It will be a blended course with an on-line learning environment and weekly class sessions that will include quizzes, small group exercises, task training, simulation, case studies, and interactive discussion. All students need to have access to a computer and possess moderate computer skills. Classes will be held at four (4) locations: Essex County Emergency Services, Lewis, NY; Potsdam Volunteer Rescue Squad, Potsdam, NY; and Bay Ridge EMS, Queensbury, NY, and IDX Building Burlington, VT. Class sessions will be held on Fridays (with occasional additional days) through 2/21/2025. All Capstone Field Internships must be complete by 6/2/2025 with an anticipated Practical Skills Exam 6/7/2025. The NY State Written exam is then scheduled at the student's convenience through PSI utilizing Computer Based Testing (CBT) and/or the National Registry of EMT.

Program fees (includes the following):

\$7000

Course Tuition-

Tablet Device- (Student will keep)

Books - Nancy Caroline's Emergency Care in the Streets 8th Ed.

Includes Navigator 2 Online Learning Environment

- Nancy Caroline's Emergency Care in the Streets 8th Ed. Workbook

-Anatomy and Physiology for the Prehospital Provider

-Paramedic: Calculations for Medication Administration

-FISDAP- Accreditation Package

Uniforms-

Professional Liability Insurance Coverage (HPSO)

AHA Certification Cards (BLS, ACLS, PALS)

NAEMT Certification cards (PHTLS, ALMS, GEMS, EPC)

Cadaver Lab

(additional fees may be incurred)

All tuition and fees must be paid in full prior to 01/19/2024

A physical and immunizations will be required by 2/1/2024

THE
University of Vermont
HEALTH NETWORK
Elizabethtown Community Hospital
Paramedic Program

Name _____ SS # _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail _____

EMT # _____ State _____ Level _____ Exp. Date _____

Education: HS _____ College _____ AS/AAS BS/BA. MS.

Uniform Size Preference: Shirt: _____ Pants: _____ Boots: _____

Applicant's Statement and Signature

I, the applicant whose signature appears below this statement, acknowledge that the information set forth by me in the application is true and accurate. I understand that any false statement on this application may result in my dismissal. I understand that this application is not to be intended as a contract for acceptance into the Paramedic Program. I understand that it is my responsibility to maintain a current CPR and National Registry EMT certification throughout the Paramedic Program.

Signature of Applicant _____

Date _____

TO APPLICANT: Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit date. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

Agency Verification

Agency Name _____

Chief Officer _____

Phone number for Chief Officer/Head of Service/Supervisor _____

I hereby attest that _____ is a member/employee of
(Applicant name)
_____ since _____.
(Name of organization) (date)

Applicant has been certified as an EMT actively riding with this agency for ____years ____months, and has completed more than 50 emergency calls.

Applicant has been observed within this agency performing the following skills or actions and is capable of functioning as an entry level EMT:

Patient assessment including vital signs

Patient lifting and moving

CPR

Airway management/Oxygen administration

Immobilization/dressing/bandaging

Medication assist

Verbal and written reporting including use of radios

I am unaware of any criminal or disciplinary actions pending against this applicant.

I am aware that this verification is part of an application to the UVMHN- Elizabethtown Community Hospital's Paramedic Program.

Print name of Chief Officer/Head of Service _____

Signature of Chief Officer/Head of Service _____ Date _____