

Elizabethtown Community Hospital
PARAMEDIC PROGRAM

Application for Paramedic Program 2024

Application Deadline

Oct 27th, 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.)
- ___ Current Physical and Immunizations
- ___ 250-500 Word Admissions Essay (See page 2 for requirements)
- ___ Current Resume with Three (3) References
- ___ Three (3) Letters of Recommendation
- ___ Copy of Military DD-214 (Long form) *if applicable*
- ___ Signed and notarized application
- ___ Signed ESA Authorization and Release of Information Form for background check
- ___ Application fee \$50. Must be certified check or money order. (Made out to "Elizabethtown Community Hospital", and "Paramedic Program" in the memo

Please return Completed applications to:
UVMHN- Elizabethtown Community Hospital
Attn: Paramedic Program Selection Committee
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.

MILITARY

Attach a copy of your DD-214 (long form showing Honorable Discharge), with any medical MOS training certificates that you have completed if applicable.

PHASE 1 - APPLICATION SCORING

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
New York State AEMT, EMT-CC
New York licensure of other allied health profession (RN, RT, PA, PT, OT, MT, etc)
Certification courses (PHTLS, AMLS, PEPP, EPC, ACLS, PALS, GEMS, etc)
Military Service (Honorable Discharge and Medical MOS)

- 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

The top finalists will be invited to proceed forward to Phase 2 of the selection process. Select applicants are required to successfully pass a Written Entrance Examination.

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 interview.

Based on the Selection Committee's post-interview feedback, suitable applicants will be invited to the Paramedic Program. (Note: The target class size will be 20 students)

*Accepted applicants will be notified by phone or email no later than **November 20, 2023.***

Non-accepted students will be notified by email.

A list of stand-by applicants will be maintained in case an accepted applicant declines acceptance.

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

OFFER & ACCEPTANCE DEADLINES

- *Applicants have ten (10) days to accept or decline an invitation in writing.*
- *Failing to return the "Acceptance Offer" letter may forfeit your acceptance into the program.*

IMPORTANT DATES:

Oct 27th – Application Due Date

Nov 1st - Potential students will be notified for Phase 2

Nov 4th - 9am- Written entrance exam- In Lewis, NY (Essex Co. Public Safety Bldg)

Nov 4th - 9am- Practical Skills Exam- In Lewis, NY (Essex Co. Public Safety Bldg)

Nov 8, 9, 10, 15, 16, 17- Oral Interviews- Various Time slots

Nov 20th - All accepted students will be notified. Class offer sent

Dec 1st- Acceptance of offer returned to ECH

Jan 5th - First day of class

For additional assistance:

Bruce Barry, Paramedic Program Director

(518) 873-3068

paramedic@ech.org

Program Information

The program will begin 1/5/2024. 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 three (3) locations: Essex County Emergency Services, Lewis, NY; Potsdam Volunteer Rescue Squad, Potsdam, NY; and Mountain Lakes EMS, Queensbury, NY. Class sessions will be held on Fridays (with occasional additional days) through 2/14/2025. 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's .

Program fees (includes the following): \$7000

Course Tuition-

Tablet Device- (Student will keep)

Books - Nancy Caroline's Emergency Care in the Streets 9th Ed.

Includes Navigator 2 Online Learning Environment

- Nancy Caroline's Emergency Care in the Streets 9th Ed. Workbook

-Anatomy and Physiology for health Professionals

-Paramedic: Calculations for Medication Administration

-EMCE- Clinical Scheduling/Skills Tracking

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 or arrangements made prior to 1/4/2024

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.

Class Site Preference: Essex County Emergency Services, Lewis, NY
 Potsdam Volunteer Rescue Squad, Potsdam, NY
 Mountain Lakes EMS Council, Queensbury, NY

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 NYS EMT certification throughout the Paramedic Program. I understand I will be required to sign a NYS EMS student application (DOH-65) which states the following: I do affirm that I have not been convicted nor am I currently charged with any crime(s). Failure to be able to sign the DOH-65 *could* result in my being ineligible to sit for the NYS certifying examinations.

Signature of Applicant _____

Date _____

Notary Public Affirmation and Acknowledgement:

This form must be notarized

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/Supervisor _____

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

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

She/he 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/Supervisor _____

Signature of Chief Officer/Supervisor _____ Date _____

Medical Director's Statement

I am aware of this Verification of Calls and Skills request made as part of the application process to the UVMHN- Elizabethtown Community Hospital's Paramedic Program. I feel this individual is competent to participate as a student and EMT in advanced level training at this time.

Medical Director's Name _____
(Please print name)

Medical Director's Signature _____ Date _____

EMT and Paramedic Student Health and Physical Requirements Form

Name: _____ Date of Birth: _____
Course Type: (please check) <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic

Health and Physical Requirements Checklist

If the student is able to provide documentation for all of the health requirements on this checklist then they **DO NOT** need to complete the alternate side of this form. For portions not complete, please have a healthcare professional complete the alternate side.

<u>Acceptable Proof</u> - Acceptable proof of physical and/or immunization records from a doctor, clinic, military, school, employment, or fire department/rescue squad.	<input type="checkbox"/>
<u>Physical</u> - Copy of a physical exam completed within the last year.	<input type="checkbox"/>
<u>PPD Mantoux (TB)</u> - Dates of <u>2</u> negative results within last 12 months <i>or</i> a negative chest x-ray within 5 years for anyone with a history of a positive PPD.	<input type="checkbox"/>
<u>Must have MMR (2) or individual Rubeola, Rubella, Mumps Vaccines</u> <u>RUBEOLA (Red Measles)</u> - One of the following must be documented: 1. Dates of <u>2</u> live Rubeola immunizations; both given after 1957 and on or after the 1st birthday. 2. Dated and signed results of a positive titer or a copy of the lab results.	<input type="checkbox"/>
<u>RUBELLA (German Measles)</u> - One of the following must be documented: 1. Date of 1 live Rubella immunization given on or after the 1st birthday. 2. Dated and signed results of a positive titer or a copy of the lab results.	<input type="checkbox"/>
<u>MUMPS</u> - One of the following must be documented: 1. Date of 2 live mumps immunization given on or after the first birthday. 2. Dated and signed results of a positive titer or a copy of the lab results.	<input type="checkbox"/>
<u>HEPATITIS B</u> - One of the following must be documented: 1. Dates of the completed series of all 3 immunizations. 2. Date of first immunization showing series is in progress. 3. Dated and signed results of a positive titer or a copy of the lab results.	<input type="checkbox"/>
<u>TETANUS</u> - within the last 10 years	<input type="checkbox"/>
<u>VARICELLA-</u> - One of the following must be documented: 1. Dates of 2 vaccinations 2. Dated and signed results of a positive titer or a copy of the lab results.	<input type="checkbox"/>
<u>CORONAVIRUS-</u> Must include original vaccination/s If you have received the recommended boosters, please include that as well	<input type="checkbox"/>
<u>INFLUENZA</u> Seasonal influenza. Additional vaccines during the program will be provided by the program	<input type="checkbox"/>

It is the sole responsibility of each student to meet the health requirements.

Student Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Elizabethtown Community Hospital

IMMUNIZATION RECORDS

<p><u>MMR Immunizations Required by Public Health Law 2165:</u> Measles Mumps and Rubella: Must be given after Jan. 1, 1969 and on/or after the first birthday. Doses must be at least 28 days apart.</p> <p>MMR: 1st ___/___/___ 2nd ___/___/___ OR</p> <p>Measles (Rubeola) (2): 1st ___/___/___ 2nd ___/___/___</p> <p>Mumps (2): 1st ___/___/___ 2nd ___/___/___</p> <p>Rubella (1): ___/___/___</p> <p>Varicella (2): 1st ___/___/___ 2nd ___/___/___</p> <p>Hepatitis B Vaccine given as follows: Dose #1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___</p> <p><i>A titer providing immunity for each of the above is an acceptable alternative to receiving the immunizations. A copy of the results is required. Please attach to this form.</i></p>	<p>Tetanus or DT (within last ten years): ___/___/___</p> <p>Coronavirus- Manufacturer _____ 1st ___/___/___ 2nd ___/___/___ Booster ___/___/___</p> <p>PPD (2): Required for all Original EMT students. 1st Date: _____ Result in mm: _____</p> <p>2nd Date: _____ Result in mm: _____</p> <p>Chest x-ray if positive Date: _____</p> <p>Result: _____</p> <p>Influenza (seasonal): ___/___/___</p>
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PHYSICAL EXAM

AGE: _____	SEX: _____	B/P: _____	WEIGHT: _____	HEIGHT: _____
VISION FAR: R: 20/ _____ L: 20/ _____ <input type="checkbox"/> without correction <input type="checkbox"/> with correction				
PHYSICAL EXAM	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>COMMENTS</u>	
1. GENERAL APPEARANCE				
2. SKIN				
3. HEENT				
4. NECK				
5. LUNGS				
6. HEART				
7. ABDOMEN				
8. MUSCULOSKELATAL				
9. PSYCHIATRIC				

To the best of my knowledge this student (is/is not) free from physical or mental impairments including habituation or addiction to depressants, stimulants, narcotics, alcohol or other behavior altering substances which might interfere with the performance of his/her duties or would impose a potential risk to patients or personnel.

Examining Health Care Provider (MD, DO, NP, PA): _____ Date: _____

Address: _____

Signature _____

THE
University of Vermont
HEALTH NETWORK

Elizabethtown Community Hospital

ADMINISTRATION

A note from Human Resources:

75 Park Street
PO Box 277
Elizabethtown, NY 12932
PHONE 518-873-3002
FAX 518-873-2005

Elizabethtown Community Hospital (ECH) does not perform credit worthiness checks on any students, residents, or volunteers, despite the verbiage on the release form.

For any questions or concerns, please contact the HR office at 518-873-3006.

Robert "Bob" Ortmyer, President
Susan Allott, RN Board Chair
Matthew Nolan, Vice President and
Chief Operating Officer
Julie Tromblee, Vice President and
Chief Nursing Officer
Il "Jun" Chon, MD Chief Medical
Officer
Alan Chardavoynne, Chief Financial
Officer

Sincerely,

ECH Human Resources

Kathy Gregoire, Executive
Assistant

