



Paramedic Program Application Information



New students to the college:

1. Follow procedures for applying to Stark State College at: (<http://www.starkstate.edu/admissions>).
2. Meet with an Admissions Counselor for review of transcripts and first semester scheduling. Admissions contact number is 330-494-6170 or 800-797-8275.
3. Complete and sign page two (2) titled, 'Paramedic Program Application'.
4. Complete the checklist on page three (3) titled, 'Paramedic Program Checklist/Application'.
5. **Submit this completed application packet to the Program Coordinator in H209.**

Returning students:

1. Complete and sign page two (2) titled, 'Paramedic Program Application'.
2. Complete the checklist on page three (3) titled, 'Paramedic Program Checklist/Application'.
3. **Submit this completed application packet to the Program Coordinator in H209.**
4. Refer to Program website for frequently asked questions regarding the application process.

<https://www.starkstate.edu/academics/programs/emergency-medical-services/>

5. Once these steps have been successfully completed, you will be contacted by the EMS Coordinator for an appointment to make the final application step to the program.

Bonnie Stich, RN, ESN, EMSI
Program Coordinator
bstich@starkstate.edu
330-305-6633 #3

6. Contact SSC Security (<http://www.starkstate.edu/content/background-checkinformation>) to schedule your BCI and FBI background checks. You will receive an email of verification of eligibility through your Stark State email. Please direct all background questions to the security office.



PARAMEDIC PROGRAM APPLICATION

Submit this application to the EMS Program Coordinator.

This may only be submitted after enrollment to the college is complete.

The application may be submitted prior to the completion of Anatomy and Physiology.

When the application is received by the department of EMS, the student will be contacted.

LAST NAME		FIRST NAME		MI	AGE
HOME ADDRESS (STREET)		P.O. BOX	CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE	SOCIAL SECURITY NUMBER		DATE OF BIRTH	PHONE NUMBER	
PREFERRED E-MAIL					
Disclosure of social security number is mandatory pursuant to ORC 3123.50 in the furtherance of licensing provision and any other state or federal requirements					
STUDENT ID #					
EXPIRATION DATE OF OHIO EMT OR AEMT CERTIFICATION: *^					
EXPIRATION DATE OF CPR CARD: *					
DATE OF COMPLETION: NIMS 100:		NIMS 700:			

*Attach copies of cards to this application.

^Verification of state certification may also be obtained by accessing:

<https://services.dps.ohio.gov/EMSProviders/Verification>

Legal Considerations

According to various sections of the Ohio Law and Regulations for Certification and Licensure Boards, persons convicted of any misdemeanor or felony are required to report this information to the applicable licensure/certification board when applying for certification. For more information, contact the Emergency Medical Services Program Coordinator.

Yes No Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a healthcare licensure in any state or to an agency authorizing the legal right to work?

Yes No Have you ever been convicted of a misdemeanor or a felony?

The information I am providing is accurate to the best of my knowledge. I understand that it is my responsibility to notify the College of changes in my name, address, telephone number or other pertinent information.

Name (PRINT PLEASE)


Signature

Date

Please check the College website to ensure you are using the most current Checklist Application when applying to the program

Revised Nov 5, 2020

Paramedic Program Checklist/Application

	Requirements	Office Use Only
	Complete College admission and ACCUPLACER testing. <i>(New Students)</i>	
	Present proof of current state of Ohio EMT or AEMT certification attached to this checklist	
	Present current health care provider Basic Life Support (BLS) certification attached to this checklist	
	Submit completed forms to the EMS Program Coordinator in H209 <i>This can be submitted prior to completion of BIO101</i>	
	Acceptance Requirements	
	Meet with EMS Coordinator	
	Complete Health Screenings	
	Complete BCI and FBI Background checks	
	<p>Prior to the start of Paramedic classes and for final acceptance into the Program, student must complete a course in Anatomy and Physiology and post a final course grade of "B" or higher. This may be satisfied by completing one of the following:</p> <p><input type="checkbox"/> BIO101 - Intro to Anatomy and Physiology with a grade of "B" or higher</p> <p><input type="checkbox"/> BIO121 and BIO122 with an average grade of "B" or higher</p> <p><input type="checkbox"/> Equivalent transferrable courses posted on student transcript</p>	

Required Signatures:

_____ #S00 _____
 Student Date

By signing this form, the student attests that all items presented to the program coordinator for review are accurate and complete.

_____ Spring Fall _____
 Program Coordinator Cohort Date

By signing this form, the Program Coordinator attests that the student presented all items on the checklist for review and that a complete package is in order and ready to be submitted.

Student Information

Student Name Printed: _____

Preferred E-Mail: _____

For Office Use Only:

_____ State of Ohio EMT or AEMT Certification

_____ CPR card expiration date

_____ Anatomy and Physiology

Prior to the start of Paramedic classes and for final acceptance into the program, student must complete a course in Anatomy and Physiology and post a final course grade of "B" or higher. This may be satisfied by completing one of the following:

___ *BIO101 - Intro to Anatomy and Physiology with a grade of "B" or higher*

___ *BIO121 **and** BIO122 with an average grade of "B" or higher*

___ *Equivalent transferrable courses posted on student transcript*

___ *Equivalent courses approved by the EMS Coordinator*

_____ GPA at time of application

_____ Current major

_____ Reading placement score

_____ Type of reading placement test

_____ NIMS 100 _____ NIMS 700

_____ Date of acknowledgement of application

Application reviewed by: _____ Date of review: _____