Paramedic Program Registration 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 Student Information''.
4. Complete the checklist on page three (3) titled, 'Paramedic Program Checklist'.
5. **Submit this completed application packet to the Program Coordinator in H209.**

Returning students:

1. Complete and sign page two (2) titled, 'Paramedic Program Student Information'.
2. Complete the checklist on page three (3) titled, 'Paramedic Program Checklist'.
3. **Submit this completed application packet to the Program Coordinator in H209.**

All Students

- 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.

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

John Ring
EMS Coordinator
jring@starkstate.edu
330-494-6170 ext. 5201

Refer to Program website for frequently asked questions regarding the application process.
https://www.starkstate.edu/academics/programs/emergency-medical-services/

Please check the College website to ensure you are using the most current Checklist Application when applying to the program
Revised November 15, 2023

PARAMEDIC PROGRAM STUDENT INFORMATION

Submit this application to the EMS Program Coordinator.

This may only be submitted after enrollment to the college is complete.
This may be submitted prior to the completion of Anatomy and Physiology.
The program coordinator will contact the student after receipt of this document.

☐ Fall Traditional ☐ Fall Accelerated ☐ Spring Accelerated

LAST NAME	FIRST NAME	MI
STUDENT ID #	DATE OF BIRTH	AGE

SSC EMAIL	PERSONAL EMAIL			
HOME ADDRESS (STREET)	P.O. BOX	CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE	SOCIAL SECURITY NUMBER	PHONE NUMBER		

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

OHIO EMT OR AEMT CERTIFICATION NUMBER: *^

EXPIRATION DATE OF OHIO EMT OR AEMT CERTIFICATION: *^

EXPIRATION DATE OF CPR CARD or LETTER: *

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)   Signature   Date

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Revised November 15, 2023

Paramedic Program Checklist

Submit completed documentation to the EMS Program Coordinator in H209

Student Name (Print): _____ #S00_____

☐ Fall Traditional   ☐ Fall Accelerated   ☐ Spring Accelerated

✓	Requirements
	Meet with EMS Coordinator
	Complete College admission and ACCUPLACER testing. *(New Students)*
	Current state of Ohio EMT or AEMT certification
	Current health care provider Basic Life Support (BLS) certification
	NIMS IS 700 and NIMS IS 100
	☐ Health screening submitted ☐ Health screening in process (The student is not permitted to participate in clinical or field experience until all health screening is submitted.)
	☐ BCI and FBI Background checks submitted ☐ BCI and FBI Background checks in process (The student is not permitted to participate in clinical or field experience until a clear background is submitted).
	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 (completed; grade of "B" or higher) ☐ BIO101 - Intro to Anatomy and Physiology (Currently registered) ☐ BIO121 **and** BIO122 with an average grade of "B" or higher ☐ Equivalent transferrable courses posted on student transcript

Required Signatures:

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

_____   _____
Program Coordinator   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.