



2018-2019

Boston Global Student Information and Application



Boston Global Professional Educational Services

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Boston-MA 02110

USA

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Paramedic Education Program Prerequisites

- High School diploma or GED
- Be at least 18 y/o on the first day of class
- Be a certified/licensed EMT or AEMT
- Applicant must be certified in Healthcare Provider CPR or comparable
- Applicant must be able to perform the functional job description of a Paramedic

Paramedic Program Application Checklist

- A complete and signed Paramedic Program Application
- Recommendation letters
 - A total of 3 letters of recommendation are required.
 - 2 of the letters must be professional references (employer, instructor, department chief, etc.)
- Copy of high school diploma or equivalent
- Copy of valid driver's license or state issued ID card
- Copy of a current EMT certification
- Copy of a current Healthcare Provider CPR certification
- Completed personal statement
 - A brief essay that describes why you are choosing the career field of Paramedicine. Provide insight to personal experience, skills and abilities relative to the role of an EMS provider. Your personal statement must be typed and between 450 and 500 words; double-spaced, in size 12 Times New Roman font with your name in the heading.

Things You Will Need Once Selected

- Interview with program administration
- Textbooks
- Completed physical form
- Liability insurance (prior to clinical rotations)
- Proof of Hepatitis-B vaccination or signed waiver provided by program (prior to clinical rotations)
- Proof of MMR immunization or titer (prior to clinical rotations)
- Proof of Varicella (chicken pox) immunization or titer (prior to clinical rotations)
- Proof of a negative TB test within the last year (prior to clinical rotations)

Paramedic Program Application

PERSONAL INFORMATION

Name _____ Birth Date _____

Home Address _____

City/Town _____ State and Zip _____

Social Security _____ E-Mail Address _____

Phone Number _____ Cell Number _____

Driver's License _____ Expiration Date _____

Level of Cert / # _____ Expiration Date _____

GENERAL INFORMATION - REQUIRED

Have you had any felony or criminal convictions other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a signed note of explanation in an envelope sealed and marked "Confidential".
Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name(s) and specify the employer(s):
If you are presently employed, may we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Can you furnish proof that you are either a US citizen or otherwise legally permitted to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Have you ever previously applied to this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?:

EDUCATION INFORMATION

Schools Attended	Dates Attended (month/year)	Status	Certs/Diplomas/Degrees
High School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____ To: _____	Years/Units Completed: _____ Presently Enrolled: <input type="checkbox"/> Y <input type="checkbox"/> N Date Graduated: _____ Approximate GPA: _____	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
EMT School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____ To: _____	Date Completed: _____ Cert Number: _____ Expiration Date: _____	N/A
College: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____ To: _____	Years/Units Completed: _____ Presently Enrolled: <input type="checkbox"/> Y <input type="checkbox"/> N Date Graduated: _____ Approximate GPA: _____	Major: _____ Degree/Cert/Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No

EMS Employment and Membership

Employer/Department	Dates (month/year)	Details
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____ To: _____	Title: _____ Duties: _____ _____ Approx Hrs. / Week: _____ Reason for Leaving: _____
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____ To: _____	Title: _____ Duties: _____ _____ Approx Hrs. / Week: _____ Reason for Leaving: _____

Company: _____	From: _____	Title: _____
Supervisor: _____		Duties: _____
Street: _____	To: _____	_____
City: _____ State: _____		Approx Hrs. / Week: _____
Phone: _____		Reason for Leaving: _____

VETERAN'S INFORMATION

<p>Are you a veteran of the US Armed Forces <input type="checkbox"/> Yes (Complete the information below) <input type="checkbox"/> No (Skip to signatures)</p> <p>What branch of the US military have you served in: _____</p> <p>Dates of Service, From: _____ To _____</p> <p>Current Status: _____</p> <p>Type of Discharge: _____</p> <p>Will you apply for Veteran's Assistance benefits to attend the Paramedic Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

- I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact may disqualify me from consideration for acceptance to the American/Backus Paramedic Program Consortium Paramedic Program. Additionally, I authorize the program to verify the statements made on or in connection with this application.
- I also certify that I have received a copy of the application packet that contains rules, regulations, course completion requirements, and costs for the Paramedic Education program.
- It is the responsibility of the applicant to ensure all required documents have been submitted with this application. Failure to submit all required documentation including transcripts will result in the candidate not being considered for the program.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

Application Received: _____ Reviewed By: _____

Application Complete: Yes No

If no, what is missing: _____

PHYSICAL EXAMINATION INSTRUCTIONS

Schedule a physical exam with your personal healthcare provider. Please be aware that some healthcare providers may not be able to schedule a physical exam on short notice. Don't wait to set up an appointment! The person conducting the exam and signing the form must be a licensed Physician, Physician Assistant, or APRN.

You must complete a Physical Exam and have the EMS Programs Physical Examination Form (see attached) completely filled out by the Physician conducting the exam.

Return the completed form to American Professional Educational Services. You will not be allowed to attend class until your physical exam form is received and approved by the EMS Programs Director.

The Physical Examination Form must be returned to the ALS Program Coordinator.

CONFIDENTIALITY

ALL STUDENT RECORDS WILL BE KEPT CONFIDENTIAL.

American Professional Educational Services will not release a student's records or health related information to anyone but that student or a contracted clinical site, unless written permission is provided directly from the student to release such information.

Clinical sites will maintain record confidentiality.

IMMUNIZATIONS

It is required that all paramedic students have the following vaccinations/tests and that they remain current throughout the duration of the program:

- **TB/ PPD Mantoux (Tuberculosis):** This test is required and must be current throughout your clinical rotation time. This test is valid for one year. Depending on the facility, this test may have to be repeated prior to starting or finishing clinical time.
- **Influenza:** This vaccination is required and must be current throughout your clinical rotation during flu season (October to May). It must be received at the beginning of the season or prior to the start of clinical rotation.
- **MMR (Measles, Mumps, Rubella):** All Paramedic students must provide proof of immunization for MMR. You are required to have received two (2) sets of injections. Most people receive these shots in early childhood, and then have them repeated later in their teens or pre-college years. If you are unable to obtain documentation, a physician can order a blood test requesting a MMR titer.
- **Chicken Pox (Varicella):** All Paramedic students must provide proof of immunization for Varicella. Most people receive these shots in early childhood, and they may be repeated later in their teens or pre-college years. If you are unable to obtain documentation, a physician can order a blood test requesting a Varicella titer. Physician documented proof of Varicella disease is acceptable as well.
- **TD (Tetanus):** All Paramedic students must provide proof that they have received a tetanus booster within the past 5 years.

- **Hepatitis B:** All Paramedic students are encouraged to receive the three (3) part injection series. A student may opt not to have this vaccination; however, a signed and witnessed affidavit of waiver must be completed and kept on file. Clinical sites may reject a student for not having this immunization series.

To satisfy program requirements for vaccinations, students are required to provide proof of vaccinations and immunity by virtue of titer, if applicable. If Paramedic students are deficient in any of the required vaccinations, they will be required to obtain said vaccinations and/or titers prior to attendance in clinical settings. These tests are the student's requirement and will not be provided by the program or clinical site. Clinical sites reserve the right to alter health requirements at any time.

STUDENT PERFORMANCE STANDARDS

Students must possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment. Performance standards for Emergency Medical Services students (Emergency Medical Technician and Paramedic) are based on information from the United States Department of Transportation Job Task Analysis.

EMS STUDENT PERFORMANCE SKILLS

Critical Thinking

Critical thinking sufficient for emergency medical judgment: Independent judgments in a physician's absence; Determine treatment priorities; Make quick decisions.

Interpersonal

Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds: Life and death situations; Family stress of patient's illness; Peer stress from critical incident; Cultural diversity in reactions to illness or injury.

Communication

Communication abilities sufficient for interaction with others in verbal and written form: Radio report of patient condition; Comprehensive written reports of patient condition and treatment; Verbal report to other health care providers.

Mobility

Physical abilities sufficient to climb, stoop, crouch, kneel, and lift 125 lbs., drag, crawl, balance, reach, push, carry, bend, walk, run, and shuffle: Work in natural and man-made disasters; Move patients from incident to safety.

Motor Skills

Gross and fine motor abilities, finger dexterity, vision and hand movements sufficient to provide safe and efficient emergency care: Tie a knot, bandage; Give injections; Pick up small objects; Write with a pen.

Hearing

Auditory ability sufficient to monitor and assess health needs: Auscultation of breath sounds; Converse with patient; Work around loud equipment, on roadway; Hear radio transmissions and pager tones; Talk on telephone.

Vision

Visual ability sufficient to work in dark or dimly lit, bright light, and have spatial aptitude and form perception and color discrimination: Reading and writing reports; Visualize mechanism of injury in relation to patient's condition; Describe size and shape of wound; Describe patient's skin color.

Tactile

Tactile ability sufficient for physical assessment: Perform palpation, See motor skills.

Environmental Adjustment

Ability to provide patient care in a variety of locations and conditions: Deliver patient care in all weather conditions, in water, mud, roadways, fields, buildings, high and low elevations, in hot or cold air temperatures.

PHYSICAL EXAMINATION FORM

The EMS student's physical examination provides evidence that the student can meet the demands of physically and emotionally challenging training without becoming a hazard to themselves, EMS personnel or their patients. A licensed physician, physician assistant, or APRN must complete this form.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Prior Surgery |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Orthopedic Disorders | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Drug Allergies |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Cardiac Abnormalities | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Hernia | <input type="checkbox"/> Emotional Disorders |
| <input type="checkbox"/> GI Disorders | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Back or Neck Problems |
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Urticaria | <input type="checkbox"/> Neurological Abnormality |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Other |

Applicant/Patient Name (PRINTED): _____

Date of Birth: _____ Date of Examination: _____

MEDICAL HISTORY (CHECK ALL THAT APPLY)

Does the applicant/patient have a history of:

Please provide information concerning any boxes checked: _____

Present Medications: _____

Allergies: _____

Reactions: _____

PHYSICAL EXAMINATION

Height: _____

Weight: _____

Vision Acuity: _____

Vision Corrected: 20/ (Left)

Color Vision: _____

Vision Corrected: 20/ (Right)

HEENT: _____

Hearing Assessment: _____

Cardiopulmonary: _____

Neurological: _____

Abdominal: _____

Musculoskeletal: _____

Back: _____

GU: _____

General: _____

Functions that are essential for EMS students, as adopted from the U.S. Department of Transportation Functional Job Analysis, are listed below. Please verify the following items by initialing.

_____ **GENERAL PHYSICAL CONDITION:** Physical stamina; endurance and body condition that would be adversely affected by frequently having to walk and stand, lift, carry, and balance at times in excess of 150 lbs, in setting that may be outdoors in hot, wet, and slippery environments.

_____ **MOBILITY:** Normal gait and motor coordination is necessary because over uneven terrain, patients, students, and other worker's well being must not be jeopardized. Mobility also includes the ability to kneel, crouch, crawl, and reach to perform proper patient care.

_____ **FINE MOTOR SKILLS:** Finger dexterity, vision, and hand movements sufficient to tie a knot, bandage, give injections, pick up small objects, and write with a pen.

_____ **NORMAL SENSES:** Ability to talk, hear, smell, and see including normal fields of vision, depth perception, and color vision are required to assess patients and to protect patients from hazard.

_____ **ENVIRONMENTAL ADJUSTMENT:** Ability to focus on the best care possible in often adverse and dangerous situations. There may be exposure to a variety of noise levels, which at times can be quite high, particularly, when multiple sirens are sounding, and crowds/bystanders/families may be upset, crying hysterically, and making demands that may or may not be reasonable.

I hereby certify that _____ has been examined by me on _____ (date) and is found to be in good physical and mental health and is able to undertake the training of the Emergency Medical Services Program.

Practitioner Name (PRINTED): _____

Signature: _____

Licensed as: **Physician** _____

P.A. _____

APRN _____

Telephone: _____

Student Immunization Record

Name: _____

Date of Birth _____

Immunization	Immunization or Lab Test Date	Please Attach Documentation
MMR (measles, mumps, rubella) OR Measles (rubeola) Mumps Rubella	1. _____ 2. _____	A. ____ Record of immunization OR A. ____ Positive antibody titer A. ____ Positive antibody titer A. ____ Positive antibody titer
Varicella (chicken pox)	1. _____ 2. _____	A. ____ Record of immunization B. ____ Positive antibody titer
Hepatitis B	1. _____ 2. _____ 3. _____	A. ____ Completed series B. ____ In progress series C. ____ Positive antibody titer
Tetanus-Diphtheria	1. _____	A. ____ Record of immunization
Influenza (if possible)	1. _____	A. ____ Record of immunization
Tuberculin Skin Tests	1. _____	A. ____ Record of negative ppd B. ____ Negative Chest X-ray

Practitioner Name (PRINTED): _____

Signature: _____

Licensed as: **Physician** _____

P.A. _____

APRN _____