

# Southside EMS Paramedic Program



Southside Virginia  
Community College



 **Community Memorial  
Healthcenter**

# Application Packet

**PO Box 546**

**South Hill, VA 23970**

**Phone 434-447-5038 • Fax 434-955-2889**

**Email: [southsiderescue@earthlink.net](mailto:southsiderescue@earthlink.net)**

# Application Instructions/ Check List

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EMT-Paramedic Program

**The following items are required to qualify for the entrance examination to the EMT-Paramedic program:**

- ❑ Review the **Admission Policy and Enrollment Requirements**. (pages 3 – 5)
- ❑ Enroll at Southside Virginia Community College. Application maybe obtained online @ <http://www.sv.vccs.edu/info/sis/ApplyOnline.htm>
- ❑ Complete the **EMT-Paramedic course Application** in its entirety. (page 6)

**The following items are required to complete the application package to the EMT-Paramedic program. Submit the following items to the Southside EMS Paramedic Program, as applicable.**

- ❑ Copies of the following:
  - a. Current EMT-I card.
  - b. Current CPR card
  - c. General equivalency diploma OR high school diploma OR evidence of post-secondary education.
  - d. Copy of driver's license.
  - e. Copy of Health Insurance.
- ❑ Complete two (2) **Recommendation for EMT-Paramedic Program** forms.

Recommendation forms must be completed by:

- a. Your agency EMS Physician (OMD)
- b. Your agency chief operational officer.

**The following item should be completed and submitted to the Southside Virginia Community College Alberta Campus.**

Complete the **Personal Health History Form** or submit copies of all information requested in lieu of Personal Health History Form.

## EMT-I to Paramedic Bridge Course Listing

BIO 100 Prerequisite or co requisite requirement 3 credit

### Fall Semester

EMS 213 ALS Skills Development 2 credit

(Virginia I-99 Students are required to attend this Virginia EMT-I /99 bridge.)

EMS 205 Advanced Pathophysiology 3 credit

EMS 207 Advanced Patient Assessment 3 credit

EMS242 ALS Clinical Internship III 2 credit

EMS243 ALS Field Internship III 2 credit

EMS201 EMS Professional Development 2 credit

EMS 165 Advanced Cardiac Life Support 1 credit

EMS 169 Pediatric Advanced Life Support 1 credit

16 credits

### Spring Semester

EMS 209 Advanced Pharmacology 4 credit

EMS211 Operations 2 credit

EMS244 ALS Clinical Internship 2 credit

EMS 245 ALS Field Internship III 2 credit

EMS 216 Paramedic Review 1 credit

EMS 163 Prehospital Trauma Life Support (PHTLS) 1 credit

12 credits

# **Admission Policy and Enrollment Requirements**

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The Southside EMS Paramedic Program will not discriminate in its admission policies on the basis of sex, race, national origin, color, creed, disabling conditions, handicaps, age, religion or sexual preference. All candidates must meet minimum requirements and provide documentation prior to entry into an Advanced Life Support program. Qualified applicants may be subject to a selection process by the advisory committee should the number of qualified applicants exceed the number of spaces available in the program.

All candidates applying for entrance into a Southside EMS Paramedic Program must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12 VAC 5-31-1460, ALS student enrollment requirements**. For entrance into the EMT-Paramedic program,

1. The candidate must hold current certification in CPR.
2. The candidate shall be an active member, in good standing, of an EMS agency.
3. The candidate must hold current certification as a Virginia or National Registry EMT-Intermediate.

## **Health Care Provider Statement**

All students are required to submit a Personal Health History. The document is to be completed by the student and their health care provider. All documents must be legible and dated in order to be accepted. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to the form.

Students who do not provide a Personal Health History form will not be permitted to participate in clinical or laboratory sessions until the information has been provided.

## **REQUIRED IMMUNIZATIONS AND MEDICAL RECORDS**

Documentation of all immunizations must be submitted to the course coordinator on a date specified prior to the beginning of laboratory sessions.

1. Proof of immunization or results of rubella (German measles) titer.
2. Proof of immunization or results of mumps titer.
3. Proof of immunization or results of rubeola (measles) titer.
4. Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, turn in a signed statement specifying such).
5. Results of PPD.
6. Results of chest x-ray if PPD is positive.
7. Hepatitis B vaccine status.

Most immunizations are offered at no charge through local health departments. Call the Health Department in the County in which you reside, or call your private physician for information. Students should maintain the originals of all documents in a personal portfolio for future reference. Students are required to copy their records. NO copies will be made by the Course Coordinator.

## **STUDENT WITHDRAW AND TUITION REFUND**

Students must notify either the Course Coordinator or the Program Director in writing to officially withdraw from the Southside EMS Paramedic Program. Tuition shall be refunded in accordance to the Southside Virginia Community College Policy.

## STATE BOARD OF HEALTH – VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS – Article 4.

### 12 VAC 5-31-900. General requirements.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Be clean and neat in appearance;
2. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
3. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)

### 12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

### 12 VAC 5-31-1460. ALS student enrollment requirements.

An enrolled student in an ALS certification program (EMT-Enhanced, EMT-Intermediate, EMT-Paramedic) must comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.
2. Be a minimum of 18 years of age at the beginning date of the certification program.
3. Hold current certification as an EMT or higher EMS certification level.
5. Hold, at a minimum, a high school or general equivalency diploma.
6. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.
7. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.
8. Meet requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.





# Southside EMS Paramedic Program



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Intermediate to Paramedic

**Section-1: APPLICANT INFORMATION** [PLEASE PRINT CLEARLY]

Last Name	First Name	MI	Certification Number.	Expires
Street Address			Social Security Number	
City/Town	State	Zip Code	Phone (Home)	
E-mail Address			Phone (Alternate – specify type)	
EMS Agency Affiliation			Date of Birth	

**Section-2: IN CASE OF EMERGENCY, PLEASE NOTIFY** [PLEASE PRINT CLEARLY]

Last Name	First Name	MI	Relationship
Street Address			Phone (Home)
City/Town	State	Zip Code	Phone (Alternate – specify type)

**Section-3: AFFIRMATION AND SIGNATURE** [PLEASE PRINT CLEARLY]

I certify that I meet all requirements of the Southside EMS Paramedic Program and the Virginia Office of Emergency Medical Services, which are necessary to enroll in this course.

Signature	Date
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**Section-4: FELONY STATEMENT**

I certify that I have not been convicted of a felony and understand that I may be subject to a Criminal Background Check.

Signature	Date
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## Personal Health History

Every student entering an advanced life support program at the Southside EMS Paramedic Program is required to return this record, properly completed, to: Southside EMS Paramedic Program, Attention: Program Director, P.O. Box 546, South Hill, VA 23970. If you have any physical or emotional impairment that may require accommodations at the Southside EMS Paramedic Program, please indicate these under the Pertinent Health Information section below so that we may make plans to meet your needs.

***Students will not be permitted to participate in clinical or laboratory sessions until this information has been provided.***

Completely fill out all information below.

[PLEASE PRINT CLEARLY]

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Street Address	City/Town	State
_____	_____	_____
Social Security Number	Phone (Home)	
_____	_____	
E-mail Address	Program of Study	
_____	_____	_____
Health Insurance Carrier	Group No.	Insured's Name

**Pertinent Health Information**

[PLEASE PRINT CLEARLY]

Please list any disabilities, special needs, allergies or required medication that you would like the Southside EMS Paramedic Program to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

The information given on this form is correct to the best of my knowledge. I authorize the Southside EMS Paramedic Program to contact the health professional for verification or clarification of information contained on this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**IMMUNIZATION RECORD** Date: \_\_\_\_\_

Complete and return this form. Attach additional sheets of paper if more space is required. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

**MMR (Measles, Mumps, and Rubella)**

- Immunization Dose 1 ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Immunization Dose 2 ..... \_\_\_\_/\_\_\_\_  
Month / Year

**RUBEOLA (Measles) – If given instead of MMR.** Check appropriate boxes.

- Immunization Dose 1 ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Immunization Dose 2 ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Report of immune titer ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Documentation of diagnosed measles disease ..... \_\_\_\_/\_\_\_\_  
Month / Year

**MUMPS – If given instead of MMR** Check appropriate boxes.

- Immunization Dose .. \_\_\_\_/\_\_\_\_  
Month / Year
- Documentation of diagnosed mumps disease ..... \_\_\_\_/\_\_\_\_  
Month / Year

**RUBELLA (German Measles) – If given instead of MMR.** Check appropriate boxes.

- Immunization Dose .. \_\_\_\_/\_\_\_\_  
Month / Year
- Report of immune titer ..... \_\_\_\_/\_\_\_\_  
Month / Year

**VARICELLA (Chicken Pox)** Check appropriate boxes.

- Varicella Vaccine ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Serologic evidence of immunity ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Reliable history of chicken pox ..... \_\_\_\_/\_\_\_\_  
Month / Year

**TUBERCULOSIS – Required within the past year.** Check appropriate boxes.

- Result of PPD: \_\_\_\_\_ mm of induration ..... \_\_\_\_/\_\_\_\_  
Month / Year
- Results of chest x-ray if PPD is positive - \_\_\_\_\_ ..... \_\_\_\_/\_\_\_\_  
Month / Year  
*Chest x-ray may be substituted for a PPD test if x-ray taken within the past year.*

**HEPATITIS – B** Check appropriate boxes.

- Hepatitis-B Series .....
 

Dose 1	Dose 2	Dose 2
____/____ Month / Year	____/____ Month / Year	____/____ Month / Year

- Has not completed the Hepatitis-B Series.

_____ <b>Health Officer Signature</b>	_____ <b>Name (Print) / Credential</b>
_____ <b>Address</b>	

