EMT Paramedic Program Application

☐ Student Application
☐ Personal Health History
☐ Physical Examination Form
☐ Student's Work Reference

Copies of the following:

☐ High School Diploma/GED or equivalent
☐ College transcripts
☐ Current BLS HCP Card
☐ NREMT Certification
☐ State EMT License
☐ Drivers License
☐ Shot Record
☐ Hepatitis B Record or Waiver
☐ Chicken Pox / Measels
☐ Current TB Test
☐ Current Tetanus

“Completed” Paramedic Application Due Date April 23, 2013

For office use only

________ Student Application
________ Personal Health History
________ Physical Examination Form
________ Student's Work Reference

________ High School Diploma/GED or equivalent
________ College or Military Transcripts (optional)

________ BLS HCP Card
________ EMT License

________ State EMT Certification
________ Drivers License

________ Shot Record

Date Completed: _______________________________________
KTC Program Approval: ____________________________________
Acceptance Letter Sent: ____________________________________
PARAMEDIC Program Information

Program Cost: in-district out-of-district
Complete 2 year: $ 3,110.00 $ 4,922.50
Paramedic Only: $ 2,460.00 $ 3,952.50

- Tuition does not include uniform cost.

KTC Paramedic Course Tuition will include:
- Drug testing
- Background checks
- Liability insurance
- Student picture ID badge
- NREMT CBT fee (first attempt only)
- KTC PALS and ACLS training with card
- FISDAP test fee
- Graduation fee
- Textbooks to include
  - * A&P for Emergency Care
  - * Paramedic Principles and Practices
  - * AHA ECC Handbook
  - * PALS Provider
  - * ACLS Provider

**NOTE:**
- Distance learning sites cost will differ from KTC.
- Distance learning sites **MUST** travel to KTC's PALS, ACLS, and Practical Skills Testing and other special classes
- Out of state/district students **WILL** be charged out of district tuition.

Financial aid applications **MUST** be completed for each year enrolled in the EMS Program

Uniforms will consist of:
- Black slacks (no jeans)
- White uniform shirts (no pullovers or polo’s)
- Black belt
- Black shoes (tennis shoes or dress shoes may not be substituted for EMS footwear
- School patch (sewn on the right shoulder)

*Some clinical sites may require a special uniform, such as operating room will require scrubs. The EMS Director must approve any uniform change

In order to achieve the paramedic curriculum objectives, a student must be able to perform the job analysis tasks:
- Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards.
- Walk, stand, lift, carry, and balance in excess of 125 pounds without assistance, (250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.
- Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- Climb stairs, hillsides, and ladders to gain access to a patient.
- Communicate verbally in person, via telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.
- Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- Work effectively in low light, confined spaces, extreme environmental conditions and other dangerous environments while remaining calm.
- Locate the scene of an emergency by reading maps and responding safely and quickly to the location as directed by the dispatcher while observing traffic ordinances.
- Perform fine motor movements while in stressful situations and under threatening time constraints.
- Perform major motor movements as required to operate the ambulance stretcher, and equipment.
PARAMEDIC
Student Application

DISTANCE LEARNING SITE/ CAMPUS __________________________ Date: __________

Student: __________________________ __________________________ __________________________
First Middle Initial Last

Mailing Address: __________________________ __________________________
Street City Zip

Home Phone __________________________ Work Phone: __________________________ Cell/ Other: __________________________

Social Security: __________________________ Employer: __________________________

Circle Highest Level of Education: HS/GED College 1 2 3 4

E-mail address: __________________________

Person to be notified in case of an emergency __________________________

Phone number of emergency contact __________________________

I currently hold the following health/ medical certifications: __________________________

Please describe any previous health/ medical work experience: __________________________

I have taken the following health/ medical classes: __________________________

NOTICE: Please indicate by signing below, that you have read and understand the following statement: “State law requires Oklahoma Technology Centers to run a National Background report prior to student clinical practice.”

Have you ever been convicted of a felony? ______ yes ______ no

Yes, I have read and understand the program information and statement above. The information I have given in this application is correct, to the best of my knowledge.

Signature: __________________________

PLEASE NOTE: You are not officially enrolled in the program until you have made minimum deposit, which will be applied to the total cost of class, and submitted your student application, physical examination, personal health history, and work reference forms to the EMS office by March 10, 2013. Mail to: Kiamichi Technology Centers, EMS Department, Box 825, Poteau, OK 74953. If you have any questions, please call the EMS office at 918-647-2108 or 1-888-567-6632

Kiamichi Technology Center
NON-DISCRIMINATION POLICY
Kiamichi Technology Center does not discriminate on the basis of race, color, religion, sex, national origin, age, genetic information, disability, or veteran status within respect to its programs or any aspect of its operations. Inquiries concerning this policy may be referred to the Compliance Coordinator. Jay R. Warren; P.O. Box 548, Wilburton, OK 74578 (888)567-6807 or (918)465-2323.
This notice is available from the compliance coordinator in large print.
Personal Health History

To be completed by the applicant.

Name (Please Print): ___________________________ Date: ___________________

Do you have a history of:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td></td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Tuberculosis</td>
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<td>Diabetes</td>
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<td>Epilepsy</td>
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<td>Seizures</td>
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<td>Migraine</td>
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<td>Frequent Headaches</td>
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<td>Arthritis</td>
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<tr>
<td>Emotional/Nervous disorder</td>
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<tr>
<td>Physical Disabilities</td>
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<tr>
<td>Learning Disabilities</td>
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<td></td>
</tr>
</tbody>
</table>

If you answered “yes” to any of the above, please explain.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Have you even been treated for a back ailment or injury? Yes _____ No _____
If you marked “yes”, please explain.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Are you currently taking any medications? Yes _____ No _____
If yes, please list the medications you are currently taking.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

______________________________________________________ Date: ________________________

Student Signature
Kiamichi Technology Center
Physical Examination Form

TO BE COMPLETED BY A PHYSICIAN. ALL AREAS MUST BE COMPLETED BEFORE FINAL ACCEPTANCE INTO THE PROGRAM.

Blood Pressure: _________________________   Pulse: _________________________

Height: __________ ft. __________ in.   Weight: _________________________ lbs

Eyes: Vision: R__________ L__________   Corrected: R__________ L__________

Hearing: R__________ L__________

Heart: _______________________________   Lungs: __________________________

Abdomen: ____________________________   Hernia: __________________________

Skin: ___________________________________________________________________________

Lifting Restrictions, if any: __________________________________________________________

Tuberculosis Skin Test: _________________________________________________

Results       Signature     Date

Attach Copies or other documentation for:

___ Hepatitis B Vaccine record   ___ Measles, Mumps & Rubella   ___ Chicken Pox   ___ Tetanus

PHYSICIAN’S REMARKS AND RECOMMENDATIONS

Is this individual in suitable health, physically and emotionally, for EMS training?   Yes____  No____

Is this individual capable of performing the job analysis tasks (page 2)?   Yes____  No____

Comments/Recommendations:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician Name (print):________________________________________________________________

Physician Signature: __________________________________________________________________

Phone#:__________________________

Address: ____________________________________________________________________________

Street       City       State    Zip
Student’s Work Reference

(This form is to be filled out by a current or previous supervisor or co-worker.)

Student Name: _____________________________ Date: __________________________

Mr. /Mrs. /Ms. _____________________________ has applied for admission to Kiamichi Tech and has given your name as a reference. In order to be considered for the program, we need your candid opinions as to the applicant’s suitability to perform the duties of a Paramedic.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Thank you for your time.

1. How long have you known the applicant? ______________________________________________

2. In what relationship have you known the applicant? Supervisor _______ or Co-worker ________

3. Did the person have any problems in attendance? Yes _____ No _____ If yes, please explain:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

4. Did the person have any problems with tardiness? Yes _____ No _____

5. What positive qualities or characteristics does the applicant possess that would contribute to his/her ability to succeed in the medical field? __________________________________________

____________________________________________________________________

____________________________________________________________________

6. Does the applicant have any characteristics that might tend to interfere with his/her ability to succeed?____________________________________________________________

____________________________________________________________________

____________________________________________________________________

Please use the back of this form to make any additional comments you may have.

Thank you for your assistance.

Print Name: ________________________________________________________________________

Signature: _____________________________ Date: __________________________

Address: ___________________________________________________________________________

Title: ______________________________________ Phone: _____________________________