



EMS 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 (optional)
- Current BLS HCP Card
- NREMT Certification
- State EMT License
- Drivers License
- Shot Record
- Hepatitis B Record or Waiver
- Chicken Pox / MMR
- Current TB Test
- Current Tetanus
- Current Seasonal Influenza Vaccine

"Completed" Paramedic Application Due Date April 9, 2019

For office use only

| | |
|--|-------------------------------|
| _____ Student Application | _____ BLS HCP Card |
| _____ Personal Health History | _____ EMT License |
| _____ Physical Examination Form | _____ State EMT Certification |
| _____ Student's Work Reference | _____ Drivers License |
| _____ High School Diploma/GED or equivalent | _____ Shot Record |
| _____ College or Military Transcripts (optional) | _____ Influenza Vaccine |

Date Completed: _____

KTC Program Approval: _____

Acceptance Letter Sent: _____

PARAMEDIC

Program Information

| | | | |
|----------------------|--------------------|------------------------|---------------------|
| Program Cost: | in-district | out-of-district | out-of-state |
| | \$ 3,606.50 | \$ 6,026.50 | \$ 8,446.50 |

❖ Price is subject to increase. 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
- ❖ Safety vest
- ❖ Graduation fee
- ❖ Textbooks to include
 - * A&P for Emergency Care
 - * Paramedic Principles and Practices
 - * AHA ECC Handbook
 - * PALS Provider
 - * ACLS Provider

NOTE:

- ❖ Clinicals cannot be obtained at place of employment.
- ❖ 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 by May 1st 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 technical standards, 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 April 9, 2019. Mail to: Klamichi 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, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information with respect to its programs or any aspect of its operations. The following person has been designated to handle inquiries concerning application of KTC's non-discrimination policies: Jay R. Warren, Compliance Coordinator, PO Box 548, Wilburton, OK 74578. (888) 567-6807 or (918) 465-2323.

Personal Health History

To be completed by the applicant.

Name (Please Print): _____ **Date:** _____

Do you have a history of:

| | | |
|----------------------------|-----------|----------|
| Heart disease | Yes _____ | No _____ |
| Hypertension | Yes _____ | No _____ |
| Tuberculosis | Yes _____ | No _____ |
| Diabetes | Yes _____ | No _____ |
| Epilepsy | Yes _____ | No _____ |
| Seizures | Yes _____ | No _____ |
| Migraine | Yes _____ | No _____ |
| Frequent Headaches | Yes _____ | No _____ |
| Arthritis | Yes _____ | No _____ |
| Emotional/Nervous disorder | Yes _____ | No _____ |
| Physical Disabilities | Yes _____ | No _____ |
| Learning Disabilities | Yes _____ | No _____ |

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.

Student Signature Date: _____

**Kiamichi Technology Center
Physical Examination Form**

Date: _____

Student's Name – Please Print _____

TO BE COMPLETED BY A PHYSICIAN OR P.A. 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 ___ Varicella ___ Tetanus ___ Influenza
(or letter of attestation)

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 paramedic technical standards (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: _____