



Application process for Accredited Yavapai College Paramedic Program

- Students must apply and be admitted to Yavapai College. To become a Yavapai College student, apply at www.yc.edu/become
- **Admittance to Paramedic program is by application only. To be eligible to apply for this paramedic program, you must currently be a certified EMT through NREMT.**
- The program is comprised of four classes, EMS 261, EMS 262, EMS 263, and EMS 264, taken sequentially over a 12-14 month period.
- Please email completed application and additional requested health record documentation to Michael.Nelson@yc.edu or mail to:

EMS Department
Yavapai College
1100 E. Sheldon Street
YC Box 6019
Prescott, AZ 86301

- All applications will be reviewed in the order received
- Applications must be received at least four weeks prior to the class start date for EMS 261. The class start date does not follow the traditional academic calendar, so please check for the class start date. <https://www.yc.edu/v6/registrar/calendar.html>
- Applications received after class starts will automatically be put on list for the next program
- Applicants are not allowed to register for EMS 261 until approved by EMS Department
- Applicant's approval or denial will be sent via email within three business days of received application

Questions regarding Paramedic program are be directed to Michael Nelson, Director EMS, at above email or by calling 928-717-7926

Please note: Within the first 60 days of the program, a negative 12-panel drug screen is required. This is a requirement of many of our participating agencies. Testing is available at [Bradshaw Mountain Environmental Laboratories](#) at a reduced cost and the student is responsible for payment of services. Failure to take or pass a drug screen will result in termination of student from Paramedic program.

Paramedic Certification:

This program prepares a student to take the NREMT certification exam. To be employed as a certified Paramedic the student must pass this program **and** pass the NREMT exam.

To receive a passing grade for the program, the student must maintain a minimum score of 75%, pass the written final exam with a 75%, and pass the Practical Skills exam. Upon passing, the student is approved to take the NREMT exam. A person must be **at least 18 years of age** before taking the NREMT exam. After passing the NREMT exam, Paramedic Certification is issued by both NREMT and the state of Arizona.

Paramedic Application

The faculty and staff of Yavapai College Public Services Education and Training are committed to our local agencies and their personnel as well as our EMS students. We are here to help train and educate our students to be caring, ethical, and culturally sensitive practitioners. We are committed to promoting quality medical practitioners at every level in the medical field to have a safe and healthy community. We want people who are highly skilled and prepared to intervene competently when safety or health is threatened; who will appreciate the value of lifelong learning; and who are capable of adapting to continuous changes in health care and public safety services.

Student Check List <small>Check If Completed</small>	EMS Dept. Check List <small>Check If Completed</small>	Application Check List Items to be included with Application Failure to include documents will result in the rejection of your application
		Application filled out completely and legibly
		A written EMT examination is required. This can be taken at the Yavapai College testing center. Make an appointment at www.yc.edu/testing .
		Copy of valid Driver's License or State issued photo ID
		Copy of current Arizona EMT or AEMT certification card (Certification must be current for the duration of the program, expiration results in removal from program)
		Copy of Arizona DPS fingerprint ID card Available at: https://pci.aps.gemalto.com/azperlpub/landing.pl
		Copy of current American Heart Provider or Basic Life Support (BLS) card (Include front and back of card)
		Copy of current health insurance coverage
		Copy of transcripts or degrees from colleges or universities attended (Unofficial transcripts accepted)
		Copy of an ACCUPLACER NEXT GEN reading test score greater than 240, or COMPASS reading test score greater than 90. If your score is lower, a retest is required. For information go to https://www.yc.edu/v5content/testing-center/accuplacer.htm Test may be waived with documentation of an associate's degree or higher
		Physician Form completed
		Copies of all immunizations/testing/titer

Yavapai College EMS Program is accredited through:



Physician Form

Student Name (Patient) _____

Exam Date _____

Paramedic Activity Requirements:

- Able to lift 100 pounds, push and pull objects of more than 50 pounds
- Walk, stand, run, and climb stairs or slopes. Arm and hand steadiness
- Have the ability to maneuver in small spaces
- Able to stand, stoop and be in prolonged uncomfortable positions for long periods
- 20/20 vision or have the visual ability to assess patients, check pupils and read medication labels. Able to discriminate colors.
- Hearing includes being able to hear sounds with background noise, to hear sufficiently enough to monitor and assess health needs.

Based on this physical, do you find any reason why this person cannot physically perform the activities of a paramedic? No: _____ Yes: _____

If Yes, please explain: _____

Patient needs copies of below immunizations/test/titer to apply to the Paramedic Program at Yavapai College:

<u>Immunization/Test/Titer*</u>	<u>Insert Date Completed</u>
Date of Negative TB Skin Test <i>Test must be valid for duration of the program or a declination must be on file.</i>	
Date of 1 st MMR or Titer Check <i>Insert date of birth if born before 1957</i>	
Date of 2 nd MMR	
Date of 1 st HepB or Titer Check	
Date of 2 nd HepB	
Date of 3 rd HepB	
Date of 1 st Varicella or Titer Check	
Date of 2 nd Varicella	
Date of Tdap	
Date of Flu Vaccine <i>Influenza is not required for entry, but is required during the program</i>	

Physician Signature: _____ MD, DO, PA, FNP

Address: _____ City: _____ St: _____ Zip: _____

Student Application

Illegible applications will be rejected. Print clearly if using a paper application

Name: _____
Last
First
Middle

Physical Address: _____
Street
City
State
Zip Code

Mailing Address: _____
City
State
Zip Code

Contact Numbers (____) _____ (____) _____
Home
Cell

Email Address _____
Home
Yavapai College (if applicable)

Yavapai College Y# _____ If one has not acquired a number yet please write "none"

AHA CPR Certification (Required) Exp. Date: _____ (Must be BLS or Healthcare Provider)

AZ State EMT #: _____ Exp. Date: _____

NREMT #: _____ Exp. Date: _____

List all colleges/universities/certificates earned or attended:

Institution	Date of Attendance	Degree/Certificate

Institution	Date of Attendance	Degree/Certificate

Institution	Date of Attendance	Degree/Certificate

Work Experience:

Agency /Comp	City/St	Telephone Number	Date(s)

Agency /Comp	City/St	Telephone Number	Date(s)

Briefly summarize your prehospital or hospital experience (if applicable):

Have you ever been found guilty after trial, or pleaded no contest to a crime (felony or misdemeanor), in *any* court other than routine traffic violations? NO _____ YES _____ Please explain, attach separate page if needed:

Are any criminal charge(s) pending against you in any court or any jurisdiction? No _____ Yes _____

Please explain, attach separate page if needed: _____

Has any licensing agency, professional board, or disciplinary authority ever refused to issue you a license or have they ever revoked, annulled, cancelled, or accepted your voluntary surrender of a license or certification? Have you ever been placed on probation, been refused an initial or a renewal professional license or certification, or fined, censured, reprimanded, or otherwise had any disciplinary action initiated against you?

No _____ Yes _____ If yes, please explain, attach separate page if needed: _____

Has any medical control authority ever restricted or terminated your base hospital professional privileges, training, or employment? No _____ Yes _____

If yes, Provide Hospital Name/City/State: _____

Please Explain: _____

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission and enrollment. I release from all liability or damages those persons, agencies, or organizations who may furnish information in connection with my application for admission. If accepted, I agree to read and abide by all school and Department policies and procedures.

Signature: _____ Date: _____