

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 the Paramedic program is by application only. To be eligible to apply for this paramedic program, you must currently be certified as an EMT through the NREMT or AZ state.**
- The program is 12-months total, with a combined 1000 hours of didactic, clinical and agency ride hours.
- Class days are Mondays and Wednesdays from 0800-1800
- Please email completed application to taylor.oest@yc.edu
- Applications **MUST** be received no later than **October 15, 2023 by 1700**
- Only full and complete applications will be considered.
- Applications received after the submission deadline will automatically be put on the list for the next program (tentative start date of 08/24).
- Once the applications are reviewed, candidates will be informed via email of the next steps to take.

The full application process is as follows:

- Submit the full and completed application by the **due date**.
- Email a copy of required vaccination records as listed below.
 - **2 dose series MMR**
 - **2 dose series varicella**
 - **Hep B 3 dose series or 2 dose series (or a YC exemption)**
 - **Negative TB skin test or chest x-ray (Must be within 6 months of clinical start date)**
 - **Tdap- (Must be within 10 years of clinical start date)**
 - **Current Flu shot (or a YC exemption)**
 - **Covid 19 Vaccine card (or YC exemption)**
 - **State EMT card**
 - **BLS provider card**
 - **Government ID**
 - **Copy of Current Health Insurance**
- Candidates will need to schedule an Accuplacer reading exam with the YC testing center. This may be scheduled at the Prescott (928)776-2200 or Verde Valley Campus (928)634-6561. Please call the testing center to schedule. **Once completed you must send in a copy of your score.**

Once you have completed all the steps above, please email all the documents and the completed application to taylor.oest@yc.edu

Paramedic Applicants must complete an Entrance Exam

- The entrance exam will be offered on the 6 dates listed below. The Entrance Exam will be administered by YC Paramedic Faculty at the **Prescott Valley Campus.**
- Pick one of the following dates during September to take your entrance exam and email your selected date to taylor.oest@yc.edu
 - 9/11/23
 - 9/13/23
 - 9/19/23
 - 9/21/23
 - 9/25/23
 - 9/27/23
- The Paramedic Entrance Exam will consist of the following:
 - **Anatomy and Physiology**
 - **Math (general math)**
 - **EMT knowledge**
 - **Reading Comprehension**
 - **Personality Traits**
- The applicant **MUST** purchase the Paramedic Entrance Exam at the cost of \$25.25 (Please come prepared with debit or credit card payment the day of your exam)

Please note all candidates will be required to take and pass:

- **A negative 10-panel drug screen**
- **A Background Check**

These will be completed within the program.



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 _____
Personal Yavapai College (if applicable)

Yavapai College Y# _____

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: _____