

# Umpqua Community College

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## EMT Paramedic Application

2008-09 Application Packet

The EMT/ Paramedic program at Umpqua Community College is a "ladder" program, preparing students for state certification at four recognized competency levels. Those certification levels are First Responder, EMT Basic, EMT Intermediate and EMT Paramedic. Those wishing to apply to the paramedic program must be state certified at the EMT Basic level.

### EMT BASIC

This class is offered over two terms, or in an accelerated format equivalent to two terms, and is identified as EMT A and EMT B. These courses prepare men and women for employment as an essential part of an emergency health care team. EMT Basics are often found as career or volunteer's firefighter / EMT's in fire departments and ambulance companies. Successful completion of EMT A and EMT B qualifies candidates to take state certification examinations. Upon passing the State Certification Exam, successful candidates are issued a certificate from the state. Certification as an EMT-Basic is a requirement to apply for the paramedic program

## ENTRANCE REQUIREMENTS

1. **Applicant must** be 18 years of age prior to starting the **PARAMEDIC** program
2. **Applicant must show** evidence of successful completion of CH 104 by August 1, 2008
3. **Applicant must** receive an ASSET score of 39 or better **or** a COMPASS score of 71 or better on the placement reading examination **or** have satisfactorily completed the equivalent to UCC's RD 90 (College Reading) **or** have satisfactorily completed the equivalent to UCC's WR 121 (Freshman English Composition) **by August 1, 2008**
4. **Applicant must place** into **MTH 95** (or above) on UCC's placement exam **or complete MTH 65** (grade of a C or above) **by end of Winter term, 2008. NOTE:** MTH 95 (grade of a C or above) is a co-requisite to chemistry and a degree requirement.
5. **Applicant must** provide documentation of Oregon EMT-Basic state licensure or have completed EMT Basic A and Basic B with a grade of a C or better. *Please note:* You may apply if you are currently enrolled in EMT Basic B and making satisfactory progress. Certificate must be on file in the Admissions Office no later than August 1, 2008.
6. Eighty percent of those accepted will be residents of the UCC district, at the time of application. (check current UCC catalog for residency requirements)
7. The following functional abilities are considered to be essential for success in UCC's EMT Paramedic Program: ***Gross Motor Skills, Fine Motor Skills, Physical Endurance, Physical Strength, Mobility, Hearing, Visual, Tactile, Smell, Reading, Arithmetic, Emotional Stability, Analytical Thinking, Critical Thinking Skills, Interpersonal Skills, & Communication Skills.*** All students in the program are required to meet these essential functions. For a detailed list and descriptions of each, please contact the Admission's Office at (541) 957-4519. If you have questions about your ability to meet the program requirements, please contact Roger Kennedy, EMT Program Coordinator at 541-440-7680 or Melissa Surmon, EMT Project Coordinator at 541-440-7829. Federal laws have been designed to prevent discrimination of person with disabilities. If you require any special arrangements or accommodations during your program of study, please contact the Disabilities Office at (541) 440-4600 ext. 7655.
8. **Program restrictions:** *Convictions of a felony, drug usage, or distribution may result in the State of Oregon EMS Office withdrawing the privilege of taking any EMT or Paramedic certification examinations. It may also be cause for the revoking of certification by the EMS Office.*

# Application Procedure & Checklist

The information requested in this section **MUST** be submitted to the Admissions Office **AT THE SAME TIME of application**. **Incomplete packets will NOT be accepted**. Partially completed application packets **will not be considered** by the EMT-Paramedic Selection Committee. **Completed packets must include the following:**

**Deadline: March 21, 2008**

**Include the following items with your application. Partial applications will not be considered:**

- EMT Paramedic Data Sheet
- Checklist/Statement of Intent
- High school diploma or GED
- Official transcripts from other colleges or universities attended (must show Winter 2006 course work in progress).
- Copy of valid Basic Certification card
- Placement test scores if applicable (you are substituting test scores for a class)
- EMT GPA Worksheet (this **MUST** be completed and returned with your EMT application)

Applicants will be notified as to their status *by letter only*. The number of accepted applicants may vary from year to year as the advisory committee, job market and funding dictate.

In case of a tie, admission will be based on the following preference order:

- A. In district applicants (up to 80 % of the class)
- B. Highest G.P.A. in EMT Basic A & B courses only.
- C. Highest G.P.A. in additional coursework only.
- D. Out of district using B & C for ranking purposes.

**DEADLINE: March 21, 2008**

# 2008-2009 Projected Expenses

These are only estimates, there may be additional costs. College credit costs are based on 2006-07 in-district tuition (\$62 credit).

<u>Pre-Requisites</u>	EMT Basic A & B (2 terms / 6 cr plus \$300 fee)	1344
	EMT Basic State Certificate & National Registry Fee	140
	Intro to Chemistry (1 term /4 cr)	276
	<b>TOTAL: Pre-requisites</b>	<b>\$1,760</b>

## PARAMEDIC PROGRAM

PARAMEDIC A-D (9 cr = \$621 plus \$350 fee multiplied by four terms) 3,884

AAS GENERAL EDUCATION required coursework (approx 51 cr) 3,519

### ADDITIONAL EMT COURSEWORK

Rough Terrain (1 cr plus \$25 fee)	94
Swift Water Rescue (1 cr plus \$100 fee)	169
Rescue Vehicle (1 cr plus \$20 fee)	89
Emergency Comm and Transport (3 cr plus \$35 fee)	242
Introduction to EMS (3 cr)	207
Crisis Intervention (3 cr)	207
ACLS (1 cr plus \$175 fee)	244
PHTLS (1 cr plus \$175 fee)	244
Peds (1 cr plus \$175 fee)	244
NRP (Non-credit course+\$150)	150

### BOOKS

EMT: Brady required.	130
NeuroAnatomy, ACLS, PHTLS, PALS, NRP, etc...	
General Ed (costs will vary depending on coursework taken)	700

### UNIFORM (average prices listed, cost will vary)

Navy blue uniform pants	45
Pale Blue uniform shirt	38
Navy Blue sweatshirt	31
Black shoes (leather boot)	50

### CLINICAL SUPPLIES

(Manuals, Calipers, Stethoscope, Scissors, Nametag, Penlight, Pocket Mask) 95

### MISCELLANEOUS (charges will vary depending on personal insurance coverage, choice of physician, & lab)

Physical Exam (recommended)	150
Various Lab Tests (as required for physical exam)	75
Immunizations (The following were quotes from Douglas County Health Services)	
MMR immunization	6
Tuberculin Test (within last six months)	6
Hepatitis B Injection Series	130

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**TOTAL - PARAMEDIC PROGRAM** **\$12,509**

# EMT-Paramedic Applicant Rating Sheet

**GPA:** For the college GPA to be used, 18 credits must be completed. If a student has 18 applicable credits toward the paramedic program, high school or GED will NOT be considered in computing scores. No points will be granted without official transcripts on file.

HIGH SCHOOL	POINT ASSIGNED	COLLEGE	GED
3.5+	25	3.25+	62+
3.45	24	3.20	
3.40	23	3.15	
3.35	22	3.10	
3.30	21	3.05	
3.25	20	3.00	60-61
3.20	19	2.95	
3.15	18	2.90	
3.10	17	2.85	
3.05	16	2.80	
3.00	15	2.75	57-59
2.95	14	2.70	
2.90	13	2.65	
2.85	12	2.60	
2.80	11	2.55	
2.75	10	2.50	53-56
2.70	9	2.40	
2.65	8	2.30	
2.60	7	2.20	
2.55	6	2.10	
2.50	5	2.00	50-52
BELOW 2.50	0	BELOW 2.00	BELOW 49

**GPA**

**POINTS AWARDED**

**Section I** (EMT Basic GPA)

\_\_\_\_\_

\_\_\_\_\_

**Section II** (Additional Coursework GPA)

\_\_\_\_\_

\_\_\_\_\_

**TOTAL POINTS:**

\_\_\_\_\_



# Intent Form

**Check ALL that apply:**

I  have completed  am currently enrolled in MTH 95 – Intermediate Algebra

I  have met the MATH Placement Exam requirement with a score of \_\_\_\_\_

I  have completed  am currently enrolled in WR 121 - Freshman English Composition

I  have met the READING Placement Exam requirement with a score of \_\_\_\_\_

I  have completed one term of College Chemistry. Term completed \_\_\_\_\_

I  intend to complete one term of College Chemistry by \_\_\_\_\_  
Date

I  have completed  am currently enrolled in EMT Basic “A”

I  have completed  am currently enrolled in EMT Basic “B”

I am  OREGON EMT Basic Certified  OREGON EMT Intermediate Certified

\*\*\*\*\* If Licensed...Attach copy \*\*\*\*\*

I  have completed  am currently enrolled in credit coursework at another college/university

List all College/Universities attended & ATTACH Official Transcript(s) for EACH:

\*If you are a current UCC student you do not need to provide transcripts from UCC.

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# umpqua community college

## Application for Admission



### \$25.00 Application Fee (Required for Application to be Processed)

Disclosure Statement: "Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please refer to the disclosure statement in the college catalog and schedule of classes which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described."

### Intended Term & Year of Enrollment:

Fall 20\_\_  Winter 20\_\_  Spring 20\_\_  Summer 20\_\_

### Student Information

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
 Number & Street/PO Box City County State Zip/Postal Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work / Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_  
 (If at present address less than 90 days) Number & Street/PO Box City County State Zip/Postal Code

### General Information

Citizenship:  USA  Other\* Country of citizenship: \_\_\_\_\_ \*(Must complete the International Student Application.)

Gender: (optional)  Male  Female

Race/Ethnicity: (optional)  Caucasian  Black  Hispanic  American Indian  Asian  Other \_\_\_\_\_

Are you a U.S. veteran?  Yes  No Will you receive veteran benefits?  Yes  No

Did your parent(s) (natural or adopted) receive a Bachelor's Degree from a 4-year college/university?  Yes  No

### High School Information

Check one and provide date of completion/or Expected date of Completion:  HS Diploma  GED  Adult HS Diploma

Date Completed: (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School award received from or currently attending \_\_\_\_\_: City \_\_\_\_\_ State \_\_\_\_\_

### Enrollment Information

Enrollment Status: (check one):  Enrolling at UCC for the first time  Returning student (absent for more that one full year) Approx. term of last attendance \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Intended Program: AAS-EMT

College background: Please list ALL colleges and universities attended. **Official college transcripts should be requested from each school and sent to Umpqua Community College.**

College/University Name	City & State	Dates Attended

What is your goal at UCC?

- 1. Two year program
- 3. Certificate
- 4. Job Preparation
- 5. Skill Improvement

What is the highest degree you have attained beyond high school?

- 6. Transfer to 2 year school
- 7. Transfer to 4 year school
- 8. Personal Interest
- 9. Adult High School diploma

- 1. Some college credits
- 0. None
- 2. Certificate
- 3. Associates Degree

- 5. Masters Degree
- 4. Bachelors Degree
- 6. PhD/Professional

Affirmative Action: It is the policy of Umpqua Community College not to discriminate on the basis of race, color, religion, sex, national origin, age, disability, or marital status in admission and access to, or treatment or employment in its programs or activities as required by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and their amendments implementing regulations. Questions or complaints may be directed to Joanne Hayes, Affirmative Action: Administration, P.O. Box 967, Roseburg OR 97470, (541) 677-3258.

By signing this form, certify that the information on this form is correct and I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. I authorize the use of my social security number as my student identification number and in follow-up studies.

Signature \_\_\_\_\_

Date \_\_\_\_\_