Application for Admission to the
Community Paramedic Academic Certificate
Spring 2019

Admission Criteria:

1. Current State or National Registry Paramedic
2. Acceptance as a student to Idaho State University.

   ISU Application for Admission as a student is submitted online at apply.isu.edu. Apply to be admitted as a degree-seeking student and select Community Paramedic Certificate as your major. All of your transcripts must be received before holiday break so that you can be admitted for the spring semester. For this reason, we require that you submit your ISU application no later than December 7, 2018 to allow time for any official transcripts to be received and the admissions process to be completed.

3. Submit the Community Paramedic Academic Certificate Application (below), and the following required documents (1-4) to:

   Community Paramedic Academic Certificate
   ISU – L.S. & Aline W. Skaggs
   1311 East Central Drive
   Meridian, Idaho 83642

   Applicants are encouraged to submit their CPAC applications by December 14, 2018 to allow time for processing. Program applications cannot be considered until the applicant has been accepted to ISU as a student. Please note ISU will be closed December 24 – January 1.

Required Documents – Pre-Acceptance to Program:

2. Proof of state or national paramedic registry.
3. Letter of support from ALS agency. If not currently employed you may still be considered for the program.
4. Written description of current or planned Community Paramedic program, no more than one page in length.
Additional Documents Required – Post-Acceptance to Program:

1. Background Check– Utilizing the specific service mandated by ISU
   * (see page 2 – Background Check Information)
2. Copy of current immunizations
   a. A negative tuberculin, Purified Protein Derivative (PPD) result within the preceding 6 months of entering the professional year, or a chest x-ray
   b. TD (tetanus) booster
   c. Influenza Vaccine
   d. Varicella Vaccine – 2 doses or Varicella Titer
   e. MMR Vaccine or Rubella Titer
   f. Hepatitis B series and/or Hepatitis B Titer
3. Physical Exam
4. Additional requirements may be specified by the clinical sites.
5. Drug testing may be a requirement.

If you have questions please contact Rachel Azzarito, azzarach@isu.edu, (208) 373-1760 or Mike Mikitish, mikimich@isu.edu, (208) 373-1763.

* BACKGROUND CHECK INFORMATION:

The hospitals have strict standards regarding the criminal history of students that are allowed to participate in patient care at their facilities. The following is the current standard that must be met in order to participate in the mandatory clinical and field internship phases of the Community Paramedic Academic Certificate program:

No history or criminal record (including conviction, plea agreement, withheld judgment, or pending charges, concerning any of the following crimes (felony or misdemeanor): 1) sexual assault, rape, indecent exposure, lewd and lascivious behavior, or any crime involving non-consensual sexual conduct; 2) child abuse or neglect, sexual exploitation of children, child abduction, contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants; 3) vulnerable adult abuse, neglect, or exploitation; 4) homicide or manslaughter; 5) assault or battery occurring within the prior seven (7) years; 6) drug trafficking or other offenses involving narcotics, alcohol or controlled substances during the prior five (5) years; 7) theft, embezzlement, fraud, or other crimes involving dishonesty committed during the prior five (5) years; and 8) any felony conviction. All clinical and field internship sites reserve the right to disqualify a Student if the Student has a history of other crimes or misconduct.

Students will be required to undergo the specifically- required ISU background check. Other recent background checks utilizing services other than that required by ISU cannot be accepted in lieu of this requirement.
COMMUNITY PARAMEDIC ACADEMIC CERTIFICATE
APPLICATION FOR ADMISSION

Personal Information: (please type or print neatly)

Name
Bengal ID #_________________________________ Email_________________________
Address_________________________ City________________ State______ Zip_____
Permanent Address (if different)________________________________________________________
Phone:  Day__________________ Home__________________ Cell Phone_____________________

Academic Information: Please indicate all colleges or universities you have attended:

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<tr>
<th>College or University</th>
<th>Year(s) Attended</th>
<th>Number of Credits</th>
<th>GPA</th>
<th>Degree(s) Awarded</th>
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EMS Experience: Are you currently working as a paramedic? Yes___ No ___

Does your EMS Agency currently have, or plan to have, a Community Paramedic program in place within one year? Yes_____ No _____

If yes, please list applicable agency:

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<tr>
<th>Agency Name</th>
<th>Dates of Employment</th>
<th>Supervisor’s Name</th>
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Agreement and Signature

By submitting this information, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the Community Paramedic Academic Certificate Program, any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal.

______________________________________________________
Student Signature                                     Date