



# PARAMEDIC PROGRAM APPLICATION



**Last update:  
12/13/2018**  
**Paramedic Program Application**  
(Info pages 2-4 / Submit pages 5 – 7)

**Paramedic Application Checklist\*:**

**\*Keep this page for your records**

- Applicants **must be fully** admitted to Utah Valley University by the time the application is received.
- Applicants are solely responsible for completing and/or including all required items on the paramedic applications. Omissions, misstatements, or falsifications will affect the applicant being reviewed or considered. The Emergency Services Department will not contact an applicant regarding missing data. Applicants are responsible for keeping the program informed of address changes and/or phone number changes.
- Admission to the Utah Valley University's Paramedic classes is selective and competitive.

*As the Paramedic Program depends on field locations for precepting, positions are reserved for UVU clinical sites when requested.*

**Items that must be submitted with your application:**

- **Statement of Background and Goals:**  
Applicants must submit a statement of background and goals, typed or legibly written. Areas to be covered include: 1) Why are you considering the paramedic classes? 2) What are the logical steps in your education and career? 3) Where do you want to practice as a paramedic after training is completed? Do not include a resume or curriculum vitae as a substitute or addendum to this statement or any portion of the application materials.
- **College Transcripts:**  
Have each college/university attended send an official transcript to:  
UVU Admission's Office  
800 West University Parkway MS 106  
Orem, Utah 84058

AND

- **Please attach a copy of all** unofficial transcripts. *(Required for all applications)*
- **In the event you are submitting an application with pending pre-requisites (meaning you are currently enrolled in required course work) Please provide proof of your enrollment and an anticipated completion date.**
- **Letters of recommendation**  
Three letters of recommendation are required. The letters need to be from individuals such as Physicians, Mid level care providers, RN, paramedics, college instructors, etc. who are familiar with the applicant's medical experience, skills, college work, study habits, and work performance. **These must be in a sealed envelope from the individual. They may be mailed and must be received by the application deadline**

**Mail to:**

UVU Emergency Services  
c/o Paramedic Application  
Mail Stop FS142 Jeannette German  
3131 Mike Jense Parkway  
Provo, Utah 84601-8200

- **Copies of;**  
Current driver's license, Utah EMT certification, and CPR certification

**Core pre-requisites must be completed prior to application deadline for consideration in first round interviews:**

- Completion of Anatomy and Physiology (transfer credit accepted) with a grade of C or higher: ZOOL 1090 or ZOOL 2320 and 2420 with labs highly recommended.
- Completion of ENGH 1000 or testing into ENGH 1010. Completion of ENGH 1010 is highly recommended.
- Completion of MAT 0950 or testing into MAT 1010. Completion of MAT 1010 is highly recommended
- Certification as a UTAH EMT and current CPR certification  
*Your certifications cannot expire while enrolled in the program.*
- Take UVU paramedic entry examination (available at UVU Emergency Services Campus, Provo). Information will be included in your written test invitation. Special consideration may be made for applicants living outside the state of Utah and must be arranged prior to the application deadline.
  - *The paramedic entry examination is a written evaluation of the applicant's medical knowledge, EMT skills, problem solving ability, basic math calculations, medical terminology, anatomy, and physiology along with priority based problem solving. You may use a calculator for this test and the maximum allotted time to complete this test is 1 hour.*
- **After your application has been submitted, reviewed, and verification of paramedic program prerequisite completion, you will be invited for an interview. You will be contacted by email with your appointed date and time.**
  - *First round interviews are granted to applicants who have completed all paramedic program prerequisites by application deadline.*
  - *Second round interviews may be granted to applicants upon completion of all paramedic program prerequisite requirements, at the discretion of the Paramedic Program Director.*

**How to best be considered for admission**

- Preference points are given for field experience, and various forms of medical experience. Patient contact is preferred and scored accordingly.
- Grades are important, along with the written entrance exam.
- Interview can be extremely important as you are allowed to showcase who you are. Prepare and dress for success. *Please see interview explanation for further detail*
- Letters of reference are contacted by the Faculty of Emergency Services Department.

**Once accepted into the paramedic program, you must provide documentation of the following:**

- Must pass criminal background check requirements of UCA 26-8a-310 for certification as a Paramedic in the State of Utah. Applicants cannot have any felony convictions or be on probation. See also National Registry - <https://www.nremt.org/rwd/public/document/policy-criminal>
- Must pass required drug screening
- Have current vaccinations including; Hepatitis B, MMR, Varicella (proof of two vaccinations), Tdap, proof of 2 Skin TB test OR 1 blood test results (Negative results required), and current flu vaccination.
- Obtain a current physical examination *with permission to participate in the paramedic program* signed by qualified health care provider.



**Paramedic Program Application**  
 (Applications must be received by 5 pm on the due date)  
Submit pages 3 – 6

**Application date** (please check one):

- Fall 20** \_\_\_\_\_ (Deadline –June 1<sup>st</sup> of each year)  
 **Spring 20** \_\_\_\_\_ (Deadline –October 1<sup>st</sup> of each year)

<b>Name</b>	
<b>UV ID #</b>	
<b>Full mailing address</b>	
<b>Day telephone #</b>	
<b>Night telephone #</b>	
<b>Email address</b>	

<b>OFFICE USE ONLY</b>	
<b>Emergency Services Department</b>	
<b>ZOOL 1090</b>	_____
<b>EMT Certification</b>	_____
<b>CPR or BLS Certification</b>	_____
<b>ENGH 1000 or higher</b>	_____
<b>MAT 0950 or higher</b>	_____
<b>Letter of Intent</b>	_____
<b>Three Letters of Recommendation</b>	_____
<b>GPA</b>	_____

**Applicants are evaluated on the following criteria...**

<b>Pre-requisites</b>	<b>I've completed this class at:</b>	<b>I am currently enrolled for this class at:</b>	<b>I will enroll at:</b>
Complete ZOOL 1090 <b>OR</b> ZOOL 2320 AND ZOOL 2420			
UTAH EMT Certification			
Current CPR Certification			
Complete MAT 0950 or higher			
Complete ENGH 1000 or higher			

**NOTE:** All academic prerequisites must be completed before the classes begin. English and math classes need to be completed with at least a "C-" grade. ACT/SAT/COMPASS scores may not be older than 10 years.

**Last update: December 13, 2018**

**PART I –Education / College Experience:** Beginning with the most recent, list all college/universities that you have attended, or are currently attending, even if course work is not medically related. Transcripts are required from each institution.\*

\*If more space is needed, please attach a separate sheet.

**TOTAL NUMBER OF COLLEGE CREDITS:** \_\_\_\_\_

Institution & City	Dates Attended	Semester credit hours received	GPA	Major	Degree received

**COLLEGE/UNIVERSITY TRANSCRIPTS SUBMISSION  
MUST BE COMPLETED ONE MONTH PRIOR TO APPLICATION**

**You will be responsible for contacting your high school, GED granting institution and other colleges/universities you have attended to request official transcripts be sent to:**

Utah Valley University--ADMISSIONS OFFICE  
800 West University Parkway MS106  
Orem, Utah 84058

**You must complete:**

I am attaching an un-official college Transcript with this application.

AND

I have sent all applicable college transcripts to UVU

**PART II—Additional Information\***

\*If you need more space, please attach a separate sheet of paper.

- List awards or honors achieved in academic and or professional work.
- Describe any patient contact experience, including what capacity you functioned as and the location of your experience.
- Describe your chief assets or skills in medical/patient care.
- Please disclose any condition(s) that you feel may prevent you from full participation in/and completion of this program

*If you identify any issues here you must complete the ACCOMODATE section found at <https://www.uvu.edu/accessibility-services/>*

**Part III—Character and Fitness Evaluation**

If the answer is “Yes” to any of the following questions, please submit a detailed explanation.

Please circle the correct answer for each question.

1. Yes No Have you ever been enrolled in any other Paramedic courses/programs?
2. Yes No Have you ever been convicted of a crime, other than a minor traffic violation that has not been expunged from your record?
3. Yes No Have you ever been disciplined, placed on probation, or dismissed in connection with your academic or scholastic performance?
4. Yes No Have you ever been disciplined, sanctioned, placed on probation, dismissed, or had a judgment obtained against you in connection with any misconduct matter including educational, personal, professional, military, business, or employment behavior or activity?
5. Yes No Are you currently pending probation or on probation with the Utah Bureau of Emergency Services.
6. Yes No I am aware of the Utah Valley University student conduct policy and agree to follow all rules and expectations. The Department of Emergency Services reserves the right to act in accordance to classroom policy which may or may not be more rigid regarding document issues of academic and/or personal integrity. <https://policy.uvu.edu/getDisplayFile/563a3c1c65db23201153c268>
7. Yes No I am aware of the Utah Valley University Alcohol/Drug Campus Policy <https://www.uvu.edu/wellness/aboutus/drug-policy.html>

**PART IV—Paid or Volunteer Medical Experience**

List only medical related experiences and begin with the most recent. Show total years as full-time equivalency. (If you need more space, please use a separate sheet of paper).

<b>Employer</b>			
<b>Address</b>			
<b>Job Title</b>			
<b>Supervisor</b>		<b>Phone Number:</b>	
<b>Job Responsibilities</b>			
<b>Employment Dates</b>	<b>From:</b> _____	<b>To:</b> _____	
	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	
<b>Employer</b>			
<b>Address</b>			
<b>Job Title</b>			
<b>Supervisor</b>		<b>Phone Number:</b>	
<b>Job Responsibilities</b>			
<b>Employment Dates</b>	<b>From:</b> _____	<b>To:</b> _____	
	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	
<b>Employer</b>			
<b>Address</b>			
<b>Job Title</b>			
<b>Supervisor</b>		<b>Phone Number:</b>	
<b>Job Responsibilities</b>			
<b>Employment Dates</b>	<b>From:</b> _____	<b>To:</b> _____	
	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	
<b>Volunteer Dates</b>	<b>From:</b> _____	<b>To:</b> _____	
	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	

<b>Employer</b>		
<b>Address</b>		
<b>Job Title</b>		
<b>Supervisor</b>		<b>Phone Number:</b>
<b>Job responsibilities</b>	<b>From:</b> _____	<b>To:</b> _____
<b>Volunteer Dates</b>	<b>From:</b> _____ <b>Part Time</b> <input type="checkbox"/>	<b>To:</b> _____ <b>Full Time</b> <input type="checkbox"/>

**TOTAL YEARS OF VOLUNTEER / MEDICAL RELATED EXPERIENCE**

**Additional Costs** (These are not included in your course or lab fees) (All costs are approximate and are subject to change.)

**I am aware of the following fees not covered by the Tuition/Fees for Utah Valley University and not covered in the Paramedic Program Student Fees.**

**Uniforms will be required for the program**

Gray EMS t-shirts \$10.00

Gray EMS intern shirts \$25.00

Blue work type or ems pants (i.e. Dickies)

Black boots (i.e. jump boots, station boots)

**Testing:**

National Registry test \$125.00

This fee is due once the student has been recommend for National Registry Testing.

*It is important the student understands completion of the program does not qualify for automatic recommendation. This will only occur when all program, state and national expectations have been satisfied.*

**By signing this application, I verify the following:**

- I understand that any error(s), omission(s), or falsification(s) in ANY part of this application or other supporting material will result in ineligibility in the application process.
- All of the information I have provided on this application and accompanying material is true, complete, and accurate to the best of my knowledge.
- I understand that I am required to update my admission file if additional information becomes available such as scholastic grades earned or any information that may be relevant to my character and fitness to enter the Utah Valley University Paramedic Program.
- I have read and acknowledge the additional costs that are not covered by course or lab fees will be my responsibility, and the requirements for recommendation are clearly understood.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ADDRESS ALL CORRESPONDENCE TO  
Utah Valley University - Emergency Services Department-Paramedic Program  
3131 Mike Jense Parkway, Provo UT 84601  
If you have any questions, please call 801-863-7798

Utah Valley University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age (40 and over), disability status, veteran status, pregnancy, childbirth, or pregnancy-related conditions, citizenship, genetic information, or other bases protected by applicable law in employment, treatment, admission, access to educational programs and activities, or other University benefits or services.