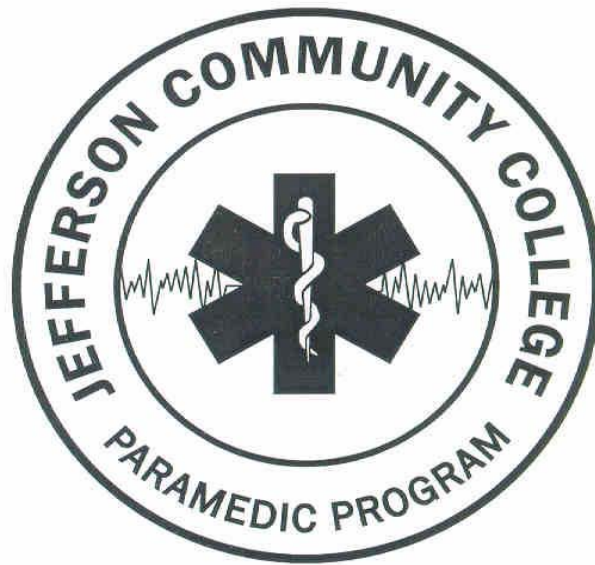


State University of New York
Jefferson Community College
Paramedic Program



Application

EMT – Intermediate
EMT – Critical Care
Paramedic

**SUNY-Jefferson Community College
Paramedic Program**

Instructions for Supplemental Application for Admission to Program

Am I required to file an application?

This supplemental application is required for admittance to the following programs:

- EMT-Intermediate
- EMT-Critical Care
- Paramedic
- AAS-Paramedic Degree Program
- Certificate Program for Advanced Emergency Medical Technicians

Applications are not required for Emergency Medical Technician-Basic (EMT-B) level or Certified First Responder (CFR) courses. For admittance to these courses, please contact:

Jefferson County Emergency Medical Services
Telephone: (315) 786-3760

How do I apply?

1. Complete the Jefferson Community College Application along with the attached Paramedic Program Supplemental Application.
2. Provide a high school transcript, copy of high school diploma, or copy of General Educational Development (GED) transcript to Jefferson Community College.
3. Attach legible copies of the following:
 - a. Current EMT certification card
 - b. Current CPR (BLS or CPR for professional rescuer card)
 - c. Other certifications or licenses as appropriate
4. Obtain references from two persons familiar with your EMS, work or school abilities. These forms should be attached in sealed envelopes from the person providing the reference or mailed directly to JCC.
5. Write a *brief* essay or personal statement describing your EMS and other experience (work or volunteer) and goals within EMS.
6. Include any additional information as necessary.
7. Submit the application to JCC:

New students:

Admissions Office
Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601

Current JCC Students:

Paramedic Program
Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601

Selection Process:

Eligible applicants will be contacted to arrange a personal interview

Once selections are made, you will be notified by mail or telephone of acceptance. Eligible students not immediately selected will be placed on a waiting list for open spaces until the first class session. You will be notified if placed on the waiting list.

For more information call you can call:

- Paramedic Program Coordinator at (315) 786-2244
- Admissions Office at (315) 786-2277
- Financial Aid Office at (315) 786-2355

**State University of New York
Jefferson Community College
Paramedic Program**

Supplemental Application for Admission

Administrative Information:

Last Name		First Name:		Middle Initial:
Mailing Address:		City:	State:	Zip Code:
Telephone Number:		Alternate Telephone Number		Best time to call:
Social Security Number:	Date of Birth: (Must at least 18 years old)	E-Mail Address:		
EMT or AEMT Number:	Current Certification Level: <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-CC	Current Certification Exp:	Date of first EMT certification:	

Education:

Highest Degree Earned: <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	School/University:	Major:
Please list your health care credentials or licenses, other than EMT-Basic. (Include CLI, CIC, RN, MD, PHTLS, etc.)		

EMS Experience: (attach additional pages if necessary)

Agency/Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Agency/Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Agency/Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Agency/Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Agency/Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid

Continued on next page

State University of New York – Jefferson Community College
 Paramedic Program
 Supplemental Application for Admission (Page 2)

Non-EMS Experience: (attach additional pages if necessary)

Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Company (include address and telephone number):	Your Title:	Dates (to/from): <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid

Certification by applicant and release:

I, the undersigned, acknowledge that the information set forth in this document, and attachments are true and accurate to the best of my knowledge. I give Jefferson Community College and designated members of the paramedic program permission to contact references at EMS agencies or employers listed and understand that any information given by these references will remain confidential between the College and the references. I hereby release from any and all liability the College or the references from any liability resulting from providing information regarding my character work and study habits or abilities.

 Signature of Applicant

 Date

Attach the following to this application:

- Personal statement
- Legible copy of EMT card
- Legible copy of CPR card
- Two reference forms in SEALED envelopes signed across the flap by the reference (unless being mailed directly to the college)
- Any other material relevant to this application

**Paramedic Program
Recommendation Form**

To be completed by a person other than a relative familiar with your academic abilities, professional background or EMS activities (e.g. supervisors, teachers, volunteer agency chiefs, etc).

Name of Applicant: _____

Notice to person providing the reference:

Pursuant to federal law, a student can access the evaluation in his/her file unless the student in the section below waives that right. Such waiver is not required.

<p>Applicant Waiver Choice:</p> <p><input type="checkbox"/> I do permanently waive my right to see this document.</p> <p><input type="checkbox"/> I do not waive my right to see this document.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

Name of Person Providing Reference:	Contact Telephone Number:	Title:
How long have you known applicant? Years Months	In what capacity?	

Please rate the applicant in the following areas:	Excellent	Above Average	Good	Below Average	Poor	Unable to Evaluate
Accountability / Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative / Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regard for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capabilities as an EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments that may assist the selection committee:

Signature of Person Making Recommendation

Date

Please submit this recommendation directly to the address below, or give to applicant in a sealed envelope with your signature across the flap. **Thank you for your assistance!**

**Paramedic Program Selection Committee
SUNY-Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601**

**Paramedic Program
Recommendation Form**

To be completed by a person other than a relative familiar with your academic abilities, professional background or EMS activities (e.g. supervisors, teachers, volunteer agency chiefs, etc).

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<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

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Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative / Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regard for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capabilities as an EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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