

# Oregon Tech – OHSU Paramedic Education Program



## Applicant Information

**Date :** \_\_\_\_\_ **Date of Original Application:** \_\_\_\_\_ **Term of Entry:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
Last First Middle

Other names that may appear on your academic records: \_\_\_\_\_ **DOB** \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_ **Gender (optional)** Male  Female

**Social Security Number** \_\_\_\_\_  
\*Read the disclosure statement in the Certification & Authorization section later in this form.

**How did you learn about the Program?** \_\_\_\_\_

## Citizenship Information

<p><b>Please choose one option below:</b></p> <p><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident Country of Citizenship _____ Attach photocopy of Permanent Resident Card</p> <p><input type="checkbox"/> Non-U.S. Citizen or Permanent Resident Country of Citizenship _____ Visa Type (if applicable) _____</p>	<p><b>Please check all that apply:</b></p> <p><input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____</p>	<p><b>Are you a veteran of the U.S. Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In compliance with federal reporting requirements, OIT must seek to identify the ethnic background of applicants for Admission.</p>
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## Contact Information

<p><b>Mailing Address:</b></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p><b>Contact Phone:</b> ( ) _____</p> <p><b>Email Address:</b> _____</p>	<p><b>Permanent Address:</b> Same as Mailing Address? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>
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## Emergency Contact Information

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate phone/email:** \_\_\_\_\_

**Additional contact information:** \_\_\_\_\_

**Educational History – High School**

High School Attended (required of all applicants)

Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

**IMPORTANT:** An official high school transcript must be included in your application submission to the OHSU-OIT Paramedic Program unless you have completed at least 36 quarter hours of college credit AND graduated from high school prior to 1997.

For applicants who graduated from high school in 1997 or later, have you passed two years of one foreign language in High School or two terms of one foreign language (including American Sign Language) in college, or will you have done so prior to attending the Paramedic Program? **Yes**  **No**

**Educational History – College & University**

Have you ever been dismissed from any school or college? **Yes**  **No**

If “yes” to either question, please attach an explanation.

Denied re-admission for any reason? **Yes**  **No**

List every college or university you have attended, are currently attending, or from which you will receive credit. Official transcripts in a sealed envelope should accompany your application submission. Once your application is received, additional transcripts may be sent directly to the Oregon Tech-OHSU Paramedic Program.

Institution Name	City & State	Dates attended (month/year)	No. of Credits Received	Degree awarded (if applicable)

Will you attend any colleges or universities between the completion of your application and the first term of the Program?

**Yes**  **No**  If, “yes” complete items below

List institutions you will receive credit from between the date of your application and the first term of the Program	Degree/Classes	Term	Year

List the school or organization where you received, or will receive, your EMT-Basic education.	City & State	Test Date(s) mo/yr

**Prerequisites in progress or to be completed.**

List below all courses you are presently enrolled and those courses you plan to complete during the remainder of the academic year. Use additional paper if necessary.

Requirement			Courses in progress or to be completed				
Course No.	Course Name	Cr	Course No.	Course Name	Cr	Term & Year	School
SPE 111	<i>Example</i> Public Speaking	3	SP 221	Intro to Public Speaking	4	SU 2011	

**Employment History**

Please list all of your employers and positions held for the last five years, or since you graduated from high school. Attach additional pages if necessary.

Dates Employed		Employer's Name	City & State	Position
From (m/y)	To (m/y)			

### Health, Medical, & Emergency Services Experience

List any healthcare, medical based, and/or emergency services experience you have. Include any direct patient contact responsibilities. (Attach additional sheet if needed)

**Organization** \_\_\_\_\_ **Position** \_\_\_\_\_ **Avg. hours wk/mo:** \_\_\_\_\_  
**From** (mo/yr) \_\_\_\_\_ **To (mo/yr)** \_\_\_\_\_ **Direct patient contact?**  Yes  No **How often?** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Why is this experience applicable?** \_\_\_\_\_

**Organization** \_\_\_\_\_ **Position** \_\_\_\_\_ **Avg. hours wk/mo:** \_\_\_\_\_  
**From** (mo/yr) \_\_\_\_\_ **To (mo/yr)** \_\_\_\_\_ **Direct patient contact?**  Yes  No **How often?** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Why is this experience applicable?** \_\_\_\_\_

**Organization** \_\_\_\_\_ **Position** \_\_\_\_\_ **Avg. hours wk/mo:** \_\_\_\_\_  
**From** (mo/yr) \_\_\_\_\_ **To (mo/yr)** \_\_\_\_\_ **Direct patient contact?**  Yes  No **How often?** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Why is this experience applicable?** \_\_\_\_\_

**Organization** \_\_\_\_\_ **Position** \_\_\_\_\_ **Avg. hours wk/mo:** \_\_\_\_\_  
**From** (mo/yr) \_\_\_\_\_ **To (mo/yr)** \_\_\_\_\_ **Direct patient contact?**  Yes  No **How often?** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Why is this experience applicable?** \_\_\_\_\_

### Certifications & Licenses

You must have a current Oregon EMT-Basic Certification and CPR/Healthcare Provider card before beginning paramedic school. If you have an EMT-B certification from another state you will need to apply for reciprocity through the State of Oregon EMS Department. **A copy of your certifications & cards (front and back) must be included with your application.** If you are in the process of obtaining your certification please indicate the approximate date of your state practical exam.

Do you currently have an EMT-B Certification?  Yes  No State: \_\_\_\_\_ If not Oregon, have you applied for Oregon Reciprocity?  Yes  No

Are you currently enrolled in or will you be enrolled in an EMT-B course?  Yes  No Expected completion date: \_\_\_\_\_

Oregon EMT Certification No: \_\_\_\_\_ Level \_\_\_\_\_ Expiration Date \_\_\_\_\_  
i.e. Basic, Intermediate

Other State Certification No: \_\_\_\_\_ Level \_\_\_\_\_ Expiration Date \_\_\_\_\_

NREMT Certification No: \_\_\_\_\_ Level \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(if applicable)

CPR/Healthcare Provider No. \_\_\_\_\_ Issued by: \_\_\_\_\_  
i.e. AHA, ARC

Other Certifications or Licenses: \_\_\_\_\_  
i.e. CNA, RN, IV Tech

Additional information:


## Essential Requirements

\*Your signature is required on all items below. Without your signature, this application for admission cannot be processed.

Faculty in the Paramedic Education Program (PEP) have a responsibility for the welfare of the patients treated or otherwise affected by students enrolled in the PEP, as well as for the welfare of students at this university. In order to fulfill this responsibility, the program has established minimum essential requirements that must be met, with or without reasonable accommodation, in order to participate in the program and graduate.

### **Policy**

Program admission and retention decisions for the PEP program are based not only on prior satisfactory academic achievement, but also on non-academic factors, which serve to insure that the candidate can complete the essential requirements of the academic program for graduation. Essential requirements, as distinguished from academic standards, refer to cognitive, physical, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum and for the development of professional attributes required by the faculty of all students at graduation.

### **Standards**

- 1) The PEP curriculum requires essential abilities in information acquisition. The student must have the ability to master information presented in course work. Additionally, the student must master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty.
- 2) Students must have adequate mobility to attend to duties in the various locations of the work environment.
- 3) The student must be able to work accurately and safely under stress, e.g., work under time constraints; read and record numbers accurately; perform repetitive tasks; concentrate in distracting situations; and make subjective evaluations and decisions where mistakes may have a high impact on patient care. He/she must be able to adapt to changing environments and be able to prioritize tasks.
- 4) The student must be able to communicate effectively in order to transmit information to members of the health care team. The appropriate communication may also rely on the student's ability to make a correct judgment in seeking supervisory help and consultation in a timely manner.
- 5) The student must possess attributes including integrity, responsibility, and tolerance. He/she must show respect for self and others, work independently as well as with others, and project an image of professionalism.

These essential requirements identify the standards for admission, retention and graduation. At the time of graduation, students are expected to be qualified to enter the field of Paramedicine.

**I certify that I have read and understand the Paramedic Education Programs' Essential Requirements for admission and that I meet each of them, with or without reasonable accommodation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Background History

Have you ever been convicted of a misdemeanor or felony?  Yes  No

Have you ever been found not guilty by reason of insanity, mental disease, defect, etc. in any proceeding in which you were charged with a misdemeanor or felony?  Yes  No

If the answer to either of the questions above is "yes" please attach an explanation with your submission. If applicable, include the crime involved, any sentence imposed, and the year(s), state and country in which the legal proceedings took place. SHOULD THE ANSWER TO EITHER OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT OHSU/OIT, THE INDIVIDUAL MUST INFORM THE DIRECTOR OF THE PARAMEDIC EDUCATION PROGRAM.

**I understand that if admitted to the Program I will be subject to extensive background investigations. Adverse criminal, employment, or driving records may affect admittance or continued enrollment to the Program and/or impact my eligibility for employment in the field of emergency services.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certification & Authorization**

**SSN Disclosure and Consent Statement.** OIT and OHSU are required to obtain your Social Security Number (SSN) in order to file certain returns with the Internal Revenue Service (IRS) and to furnish a statement to you. The returns that OIT and OHSU must file contain information about qualified tuition and related expenses. Privacy Act Notice: Section 6109 if the Internal Revenue Code requires that you give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the SSN for identification purposes and to help verify the accuracy of your tax return. For more information, refer to IRS code 6050S.

OIT will assign a student ID number other than your SSN to use while attending OIT. Your signature certifies the accuracy and completeness of the information provided before the form can be processed.

In accordance with OHSU Policy No. 02-01-003, Student Drug and Alcohol Testing, OIT and OHSU Paramedic Program requirements, all incoming students with a clinical, externship, or patient care component will complete one or more drug test screenings. Please see the OIT-OHUS Student Handbook for policy information outlining the testing process, for cause and disciplinary actions in accordance with the Code of Conduct.

My signature at the end of this form authorizes OIT, OHSU, and the Oregon University System (OUS) to use my SSN for tracking and statistical purposes as outlined on the OHSU website and in the OUS Disclosure and Consent Statement appearing on the OIT web site.

I certify that I have read and understand the Paramedic Education Program's Essential Requirements for admission and that I meet each standard, with or without reasonable accommodation.

I certify that I have provided complete and accurate statements on this application. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal and referral to the appropriate EMS certifying body for further investigation. I authorize the release of any information submitted by me in connection with this application to any person, corporation, association or government agency by OIT only to verify or explain this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Students with Disabilities:* Oregon Institute of Technology is committed to accommodating the needs of students with disabilities whenever possible. Students with disabilities who anticipate needing accommodations should contact Disability Services, as early as possible in advance of enrollment to ensure timely provision of services. Questions may be directed to: Director for Disability Services, OIT, 3201 Campus Dr., Klamath Falls, OR 97601-8801. Email: [access@oit.edu](mailto:access@oit.edu). Phone: (541) 885-1129 or TTY (541) 885-1072. Web: [www.oit.edu/ds](http://www.oit.edu/ds). Alternate Format: This publication is available in alternate format for persons with disabilities.

Oregon Institute of Technology does not discriminate on the basis of race, color, national origin, gender, mental or physical disability, age, religion, marital status or sexual orientation. The following office handles inquiries regarding this non-discrimination policy: OIT's designated TITLE IX/ADA/504 Coordinator, Ron McCutcheon at (541) 885-1108 (TTY/TTD 541-885-1072), or Room 108 of Snell Hall.

**Completed Application**

Return application and all materials to:

**Oregon Tech – OHSU  
Paramedic Education Program  
27500 SW Parkway Ave.  
Wilsonville, OR 97070**

Any updated or additional information, transcripts, reference letters, or other materials should be addressed to and sent to the Program address above.

**Oregon Tech-OHSU Paramedic Education: 503.821.1146 [www.oit.edu/paramedic](http://www.oit.edu/paramedic)**