

Paramedic Program 2020 Admission Data Sheet

Student Name: _____

Student ID: _____

Please complete the following 'Experience Profile:'

Please Print

Notes: 1. Any qualifications or certifications referred to **must be valid, current and/or up-to-date.**

2. Copies of all certifications, qualifications, transcripts and reference letters **must be returned with this form** to the Registrar's Office within three weeks from the date of this letter or your application will not be considered.

	YES	NO	Max Score
1. Post-Secondary Experience			
a) Some individual post-secondary courses	<input type="checkbox"/>	<input type="checkbox"/>	4
b) College certificate or diploma	<input type="checkbox"/>	<input type="checkbox"/>	
c) University degree	<input type="checkbox"/>	<input type="checkbox"/>	
d) Senior Level Physics (passing grade required)	<input type="checkbox"/>	<input type="checkbox"/>	
List: _____			

		Max Score
2. Emergency Care Courses		
List all certificates that you now hold (e.g. Standard First Aid, CPR, ski patrol, life-saving, BTLS, Athletic Trainers Certificate – Level II or higher, etc).		5
List: _____		

	YES	NO	Max Score
3. Licensed Ontario Ambulance Service or Licensed Ontario Ambulance Dispatch Service Contact (letter attached)			
a) Work on a voluntary basis with a service, or co-op	<input type="checkbox"/>	<input type="checkbox"/>	3
b) Employed on a part-time basis with a service	<input type="checkbox"/>	<input type="checkbox"/>	
c) Employed on a full-time basis with a service	<input type="checkbox"/>	<input type="checkbox"/>	
Service Name & Supervisor: _____			
Dates: _____			

	YES	NO	Max Score
4. First Aid Agency Contact			
e.g. working with Red Cross, St. John Ambulance, Private Patient Transfer Service, etc.	<input type="checkbox"/>	<input type="checkbox"/>	1
Agency Name & Supervisor: _____			
Dates: _____			

	YES	NO	Max Score
5. Hospital Clinical Experience (letter attached)			
a) Work on a voluntary basis with an active/chronic care hospital or nursing home	<input type="checkbox"/>	<input type="checkbox"/>	3
b) Nursing Orderly or Health Care Aid	<input type="checkbox"/>	<input type="checkbox"/>	
c) Registered Nurse, Nursing Assistant (Practical Nurse), Certified EMT or Certified Military Medic	<input type="checkbox"/>	<input type="checkbox"/>	
Institution Name & Supervisor: _____			
Dates: _____			

	YES	NO	Max Score
6. Driver's License			
Possess a Class 'F' Driver's License or equivalent (Class 'B','C','E')	<input type="checkbox"/>	<input type="checkbox"/>	1
State Class (copies attached): _____			

		Max Score
7. Instructor Certifications – Emergency Care		
e.g. First Aid, CPR, etc. (copies attached)		3
List: _____		

Total Points for Questionnaire: 20

Student Name: _____
Student ID: _____

APPLICANT PROFILE

1. Are you fully aware of all qualifications and conditions of employment for a Paramedic in Ontario as outlined in the Ambulance Act and St. Clair College Calendar? YES NO

2. Do you have an Ontario Driver's License? YES NO

Note: A valid Class 'F' or equivalent License is required for employment as a Paramedic; also a criminal record check and immunizations (smallpox, tetanus, diphtheria, polio and hepatitis B).

3. How did you first become interested in the pre-hospital emergency care field?

4. Identify any additional experience you may have in relation to pre-hospital emergency care.

5. Have you taken any courses that constitute part of the Paramedic Program?

Course Name	Completion Date	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Briefly comment on why you should be selected for this program.

7. During this program there are many times when you will be required to lift and carry patients and equipment. These lifts and carries will often involve a patient (up to 210 lbs) on a stretcher or other conveyance device. Some of these lifts and carries require you to also go up and down stair with the patient on the equipment. Most of the lifting and carrying will be completed with the assistance of a partner (classmate).

Are you aware of any medical, physical or fitness limitations that might prevent you from completing **mandatory lifting tests** prior to the start of each of three field placements (tests in Dec. year one, Sept. year two, and Dec. year three) ? YES NO