

# **Paramedic Education Program Application**

**August 24, 2011 – July 21, 2012**



# Course Description

The Paramedic Course currently consists of approximately 600 classroom and laboratory hours. Clinical/Field internship completion is competency based so hours are variable. The Paramedic Program adheres to the current U.S. Department of Transportation National Standard curriculum.

## Didactic Training

The classroom portion of the Paramedic Course is comprised of lectures, practical skills sessions, case studies, review sessions, as well as written and practical testing including the following topics:

- Anatomy & Physiology
- Preparatory
- Patient Assessment
- Airway Management
- Medical Emergencies
- Trauma
- Patients with Special Considerations
- EMS Operations
- Case Based Management

## **Certifications Included as part of this Training Program:**

1. Advanced Cardiac Life Support Provider Course (ACLS)
2. Pre-Hospital Trauma Life Support (PHTLS)
3. Pediatric Advanced Life Support (PALS)
4. Pediatric Education for Pre-Hospital Professionals (PEPP)
5. Advanced Medical Life Support (AMLS)

Upon successful completion of the program, students are eligible to complete the National Registry Paramedic examination.

The Creighton University EMS Education Program is approved by the Nebraska Department of Health to provide EMS education. Creighton University EMS Education is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Committee on Accreditation of Education Programs for the Emergency Medical Services Professions.

## **Submit application materials to:**

**Creighton EMS Education  
2514 Cuming St  
Omaha, NE 68131**

**E-mail:** [ems@creighton.edu](mailto:ems@creighton.edu)

**Website:** <http://ems.creighton.edu>

**Phone:** 402-280-1280 or 800-327-7530

**Fax:** 402-280-1288

# Creighton University

## Emergency Medical Services Education – Paramedic Education

Monday 8:30 a.m. – 3:30 p.m.  
Tuesday 8:30 a.m. – 12:30 p.m.  
Thursday 8:30 a.m. – 11:30 a.m. OR 12:30 p.m. – 3:30 p.m.  
Friday 8:30 a.m. – 11:30 a.m. OR 12:30 p.m. – 3:30 p.m.

Student will be assigned to a 3 hour session Thursday OR Friday

**Credit Student** – Please contact Mary Beth Bestenlehner (402-280-2730) [mbbest@creighton.edu](mailto:mbbest@creighton.edu) to enroll in Creighton University as a degree seeking student.

**Certificate Student** – Please contact Mike Miller (402-280-1280) [mikemiller@creighton.edu](mailto:mikemiller@creighton.edu) regarding requirements for enrolling as a Certificate Student.

**Application Date:** \_\_\_\_\_

Male

Female

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

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**EMS Affiliation:** \_\_\_\_\_

### EMT Certification

**State:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**National Registry:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_  
Date(s) Location

Do you have a physical handicap or disability that may require special provisions?  Yes  No

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

***You will be required to complete a background check if accepted to the program. The background check is thorough. Is there anything that you would like to inform us about and explain in advance that might appear on your background check? Please attach any desired explanations.***

Have you ever been addicted to any chemical substance?  Yes  No

Have you ever had any disciplinary action brought against you in connection with Emergency Medical Services?  Yes  No

Have you previously attended a paramedic course? If yes, please provide contact information (program name, phone number/ contact person/date)  Yes  No

**If the answer to any of these questions is “Yes” please attach documentation of the circumstances.**

### Assessment Testing

An EMT Assessment Exam and/or the HOBET Exam may be required. You will be notified via letter if you are required to take one or both exams.

**EMT Basic test:** Please call Sheryl Oviatt at 402-280-1289 to schedule a time for the test.

**HOBET test.** Please call Sheryl Oviatt at 402-280-1289 to schedule a time for the test.

## Occupational Experience:

Number of Years of EMS Experience: \_\_\_\_\_

Other relevant medical experience: \_\_\_\_\_

## Work History (please include all – attach additional sheet(s) as needed):

Employer Name	Address	Dates of Employment	Supervisor Name	Supervisor Phone #	Reason for Leaving

## Other Requirements:

- Two letters of recommendation (see enclosed forms)
- Copy of the following
  - Current CPR Certification (HealthCare Provider or equivalent)
  - EMT License/Certification/Registration
  - Driver's License
  - GED, High School, or College Transcripts
  - Proof of Immunization for Health Science Students, sent directly to Health Services\*
- Essay – “Why I want to be a Paramedic” Essay should not exceed 1 page and should be double spaced, 10 – 12 pt. font with 1” margins.

I certify that to the best of my knowledge there is no misrepresentation or falsification in any response on this application or its supporting documents.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

## Payment Information **\$8,325 Tuition**

*Payment plans available by contacting Sheryl Oviatt at 402-280-1289.*

***\$1,000 non-refundable deposit required with application.***

- Check enclosed (make check payable to EMS Education)
- Please bill my credit card (complete below)

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Immunization compliance is monitored by Creighton University Health Services, [www.creighton.edu/chc/healthservices](http://www.creighton.edu/chc/healthservices). Please refer to the **Health Science Students** section for immunization requirements. The required Health History Form will be mailed to you with your acceptance letter. Submit all immunization information directly to Health Services. **Registration in any course at Creighton University requires students to have received two doses of MMR, or submission of positive immunity laboratory testing. Full compliance with all immunization requirements is mandatory for students to participate in required patient care activities.**