Medical College of Virginia Campus
Center for Trauma and Critical Care Education

Summer 2016
Tuckahoe Volunteer Rescue Squad
Henrico, Virginia

Emergency Medical Technician

Application Due by Friday, May 6, 2016
VCU EMT Program

Application Checklist:

___ Completed application

___ CPR card (for Healthcare providers) Card must come from one of the approved courses recognized by the VA Office of EMS. Their list of approved courses may be found here:


___ Will be at least 16 years old by May 16, 2016. If under the age of 18 years, provide a completed student permission form, found on the VA Office of EMS’ website below:


___ Tuition payment, Check or Money Order made out to “MCV Foundation” for $700; Payment may also be made on our website: www.ctcce.vcu.edu, choose “Registration.”

If you do not include payment with your application you must include a letter requesting to participate in an installment plan.

The EMT course is a noncredit course, ineligible for financial aid if you are a current college student.

The tuition does not include the cost of your EMT text book or required blood pressure cuff and stethoscope.

Return application via mail or in person to:

VCU Paramedic Program
1200 E. Broad Street, 15th Floor, South Wing
P. O. Box 980044
Richmond, VA 23298

Faxes not accepted.
Please read the entire booklet before completing any forms. You are requested to PRINT or TYPE ALL information.

If you need assistance in completing this application, please contact the Program at 804-828-4204 or 804-828-3687 ctcce@vcu.edu

Virginia Commonwealth University
Medical College of Virginia Campus
Department of Surgery
Division of Acute Care Surgical Services
Center for Trauma & Critical Care Education
Paramedic Program

Office Address:
West Hospital, 15th Floor, South Wing
1200 E. Broad Street
Richmond, Virginia  23219

Mailing Address:
P.O. Box 980044
Richmond, Virginia 23298-0044
A. APPLICANT INFORMATION

1. Name ____________________________________________________________
   Last                  First                         Middle

2. American Heart Association Basic Life Support or equivalent Healthcare Provider CPR,

   Please check the appropriate statement.

   ______ I have the required CPR Certification with an Expiration Date of ____/____/____ (attach a copy of your certificate- required)

   ______ I do not have an in date Healthcare Provider CPR Certification.

3. Have you previously applied to EMT-Basic program?

   Yes____  No____

4. If yes, to # 3, to which institution did you apply? ___________________

5. Have you entered any other EMT programs? Yes____  No____

B. STATE OF VIRGINIA REQUIREMENTS

Eligibility to attend an Emergency Medical Responder/First Responder, Emergency Medical Responder/First Responder Bridge, or an Emergency Medical Technician course in Virginia requires that you must:

(1) Be proficient in reading, writing and speaking the English language.

(2) Be a minimum of 16 years of age at the beginning date of the certification course. If less than 18 years of age, you must provide the course coordinator with a completed parental
permission form with the signature of a parent or guardian verifying approval for enrollment in the course. **Students must also have a copy available to present at the state test site.**

(3) Have no physical or mental impairment that would render them unable to perform all cognitive and psychomotor skills required for that level of certification.

(4) Hold current certification in an Office of Emergency Medical Services approved [Cardiopulmonary Resuscitation (CPR)](http://www.ems.state.va.us) course at the beginning date of the course. This certification must also be current at the time of state testing.

(5) Not have been convicted of or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in state EMS regulations as follows:

(A) Have never been convicted or found guilty of any crime involving sexual misconduct where lack of affirmative consent by the victim is an element of the crime.

(B) Have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm.

(C) Have never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploration) of a person entrusted to their care or protection in which the victim is a patient or is a resident of a health care facility.

(D) Have never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation or enrollment five years after the date of final release if no additional crimes of this type have been committed during that time.

(E) Have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation or enrollment five years after the date of final release if no additional felonies have been committed during that time.

(F) Are not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

(G) Have never been subject to a permanent revocation of license or certification by another state EMS office or recognized state or national healthcare provider licensing or certifying body.

(6) All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions, and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

(7) Be clean and neat in appearance.

(8) May not be under the influence of any drugs or intoxicating substances that impairs your ability to provide patient care or operate a motor vehicle while in class or performing clinicals, while on duty or when responding or assisting in the care of a patient.
Acknowledgement –
I have not been convicted or found guilty of any felony or misdemeanor crime, offense or regulatory violation listed above nor participated in any other conduct which prohibits EMS course enrollment or certification. My signature below acknowledges that I have read and understand the prerequisites for course enrollment, and the listing of criminal convictions and/or misconduct that preclude individuals from EMS Certification in Virginia and verify that I am eligible for certification based upon the “Standards of Conduct” required by the Office of EMS.

Signed:_____________________________________

Date:________________________

Print Name:_________________________________

Date of Birth:_____/_____/____

THE MINIMUM AGE FOR BLS PROGRAMS IS 16 YEARS OF AGE AT THE START DATE OF COURSE
C. CONTACT INFORMATION (Notify our office of any changes)

Present Address:

______________________________________________

______________________________________________

Electronic mail: __________________@______________________

Home: (______) ______  - __________ Work: (______) ______  - __________

Cell: (______) ______  - __________

Employment: FULL-TIME ____    PART-TIME ____

Company Name:

______________________________________________

Address_____________________________________________

______________________________________________

School: FULL-TIME ____    PART-TIME ____

School Name:

______________________________________________

Address_____________________________________________

______________________________________________
D. EDUCATIONAL BACKGROUND

Academic History: Please list High School and each College attended beginning with the most recent enrollment.

<table>
<thead>
<tr>
<th>School name</th>
<th>Location</th>
<th>Year Graduated</th>
<th>Degree</th>
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E. EMS INFORMATION

Courses completed (attach photocopies of all certifications)

<table>
<thead>
<tr>
<th>Course</th>
<th>Expiration date</th>
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<tr>
<td>Health care provider CPR</td>
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<tr>
<td>Other or previous certifications</td>
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Please attach copies of all Certifications or Licensure.

2. EMS Agency Information: If you have more than one agency, list your primary agency. (Agency affiliation is not a requirement for course enrollment)

Primary EMS Agency __________________________________________________________

Address _________________________________________________________________

• Average hours of duty of applicant per week at this agency _____________

• Number of calls per year for this agency:
  911 ________ Non-emergency ________ Total ________

• Positions / offices (HELD OR CURRENTLY HOLDING)
  ________________________________________________________________
  ________________________________________________________________
F. PROGRAM COMMITMENT

- Can your regular employment / school hours and agency shift be adjusted for your training?

  YES ________   NO _________

G. FEDERAL COMPLIANCE INFORMATION

The information in Section G is requested solely for the purpose of determining compliance with federal civil rights laws, and your response will not affect consideration of your application. By providing this information you will assist us in assuring that this program is administered in a non-discriminatory manner. Discloser of any or all the information requested in this section is voluntary.

Are you Hispanic or Latino?

_____ Yes _____ No

In addition how would you describe your race based on the following categories? Please select one or more to describe yourself:

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African-American
_____ Native Hawaiian or other Pacific Islander
_____ White

_____ Male  _____ Female

H. EDUCATIONAL ACCESS

The Board of Visitors, the administration, and the faculty of VCU are committed to a policy of equal opportunity in education and employment without regard to race, color, sex, national origin, political affiliation, age, or disability.

VCU is committed to providing equal access to educational programs, services, and activities for students with disabilities. Should you require an accommodation for the application, interview, or the course itself, please contact the Paramedic Program Director at (804) VCU-EMTP (804-828-3687).
I. DISCLOSURE STATEMENT

Virginia Commonwealth University is granted the authority to verify any and all information pertaining to this application.

I affirm that I have never been convicted of a felony involving any sexual crime. I further affirm that I have not been convicted of any other felony under the laws of this State or of the United States within the last five years.

I certify that the information submitted in support of this application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal.

__________________________                   ____________
SIGNATURE                                                                 DATE