

Paramedic Program Admittance Requirements

Application Process:

Applications are due no later than December 8th, 2022. The application will not be considered if:

- It is not complete.
- Renewable immunizations are out of date (e.g. TB, Tetanus).
- Required licenses/certifications are out of date.

Any incomplete applications will go directly into the shredder.

Interview Process:

Once all completed applications are received and confirmed, the student and student liaison will receive an e-mail confirming an interview time. Interview dates are as follows:

- Interviews for all Kiamichi Tech students will be conducted at Poteau on January 5th.
- Interviews for outlying, non-Kiamichi Tech students, will be conducted over ZOOM on January 6th.
- January 9th will be reserved for overflow interviews if necessary.

All students and liaisons will know who is accepted into the program by close of business Thursday, January 12th.

Signing Event Process:

On January 19th there will be a signing event. All students will be required to attend this event at their school of enrollment. This event will be conducted in part over ZOOM to allow all students to connect. Immediate family/friends are highly encouraged to attend. Goals of this event are as follows:

- Welcome and acclimate new Paramedic students to each other and their campus.
- Allow family and friends to learn more about the expectations of their Paramedic student and the rigor of the program.
- Showcasing commitment to completing the program and becoming a Paramedic.

Please remember the first step is for the student to have a completed application. This means Work Keys/comparable test scores and learning styles must be sent in with the application to be considered complete.



EMS Paramedic Program Application

Work Keys Test (minimum score of 5 in each category is recommended)
Student Application
Personal Health History
Physical Examination Form
Student's Work Reference
Student's Personal Reference

Copies of the following:

High School Diploma/GED or equivalent
College transcripts (optional)
Current BLS HCP Card exp _____
NREMT Certification exp _____
State EMT License exp _____
Drivers License exp _____
Shot Record
Hepatitis B Record or Waiver
Chicken Pox / MMR
Current TB Test exp _____
Current Tetanus exp _____
Current Seasonal Influenza Vaccine (will be available fall 2023) exp _____
COVID 19 (optional - facility discretion)

"Completed" Paramedic Application Due Date December 8, 2022

If applying for Financial aid, applications MUST be completed by December 8, 2022

I have read and understand the information concerning the Kiamichi Tech Paramedic Program listed on page 1 & 2.

Signature

Date

Clinicals cannot be obtained at place of employment.



Paramedic Program Information

Program Cost:

Price subject to increase.

In-district

\$5,719.00

Out of Dist.

\$7,724.00

Kiamichi Tech Paramedic Course Tuition will include:

- ❖ Drug testing
- ❖ Background checks
- ❖ Liability insurance
- ❖ Student picture ID badge & safety vest
- ❖ NREMT CBT fee (first attempt only)
- ❖ PALS and ACLS training with ecard
- ❖ Fisdap fees
- ❖ Graduation fee

Textbooks to include:

- ❖ A&P for Emergency Care
- ❖ Basic Arrhythmias
- ❖ Paramedic Principles and Practices
- ❖ AHA/ECC Handbook
- ❖ ACLS Provider
- ❖ PALS Provider

NOTE:

- ❖ Distance learning sites cost will differ from Kiamichi Tech (KT)
- ❖ Out of district/state students will be charged out of district/state tuition
- ❖ Distance learning sites **MUST** travel to KT Poteau for ACLS, PALS, Practical Skills testing and any special classes.
- ❖ Students will be required to participate in fundraisers or pay class dues. The modality will be voted by the class.
- ❖ All monies obtained will be deposited into the student activity fund. Student activity money is **not** included in tuition.

❖ Certain clinical sites may charge a fee to schedule clinical rotations at their location. This cost is **not** included in tuition.

Uniforms will consist of (not included in cost of tuition):

- ❖ Black slacks (no jeans) & black belt
- ❖ Kiamichi Tech Clinical Polo
- ❖ Black EMS footwear (no tennis or dress shoes)

**Some clinical sites may require a special uniform, such as operating room will require scrubs.
The EMS Director must approve any uniform change.*

In order to achieve the paramedic technical standards, a student must be able to perform the job analysis tasks:

- ❖ Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- ❖ Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards
- ❖ Walk, stand, lift, carry, and balance in excess of 125 pounds without assistance, (250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.
- ❖ Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- ❖ Climb stairs, hillsides, and ladders to gain access to a patient.
- ❖ Communicate verbally in person, via telephone and radio equipment.
- ❖ Work in chaotic environments with loud noises and flashing lights.
- ❖ Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- ❖ Work effectively in low light, confined spaces, extreme environmental conditions and other dangerous environments while remaining calm.
- ❖ Locate the scene of an emergency by reading maps and responding safely and quickly to the location as directed by the dispatcher while observing traffic ordinances.
- ❖ Perform fine motor movements while in stressful situations and under threatening time constraints.
- ❖ Perform major motor movements as required to operate the ambulance stretcher, and equipment.



Paramedic Student Application

Please print or type clearly

DISTANCE LEARNING SITE/CAMPUS _____ **Date:** _____

Student: _____
First Middle Initial Last

Mailing Address: _____
Street City Zip

Home Phone _____ **Work Phone:** _____ **Cell/Other:** _____

Social Security: _____ **Employer:** _____

Circle Highest Level of Education: **HS** **GED** **College:** **1** **2** **3** **4** **Date of Birth:** _____

E-mail address: _____

Person to be notified in case of an emergency _____

Phone number of emergency contact _____

I currently hold the following health/medical certifications: _____

Please describe any previous health/medical work experience: _____

I have taken the following health/medical classes: _____

NOTICE: Please indicate by signing below, that you have read and understand the following statement: "State law requires Oklahoma Technology Centers to run a National Background report prior to student clinical practice."

Please understand NREMT has the authority to deny a license to an individual with a criminal history. Background checks will be mandatory in the Paramedic Program.

Have you ever been convicted of a felony? **YES** **NO**

Yes, I have read and understand the program information and statement above. The information I have given in this application is correct, to the best of my knowledge.

Signature: _____

Date: _____

PLEASE NOTE: Completed applications (including all current immunizations and licenses) must be received in the EMS by Dec 8, 2022.

Mail to: Kiamichi Tech EMS, PO Box 825, Poteau, OK 74953. If you have any questions, please call the EMS office at 918-647-4525

NON-DISCRIMINATION POLICY
Kiamichi Technology Center (Kiamichi Tech) does not discriminate on the basis of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information with respect to the terms, conditions, privileges or responsibilities in admission to its programs and services, employment practices, treatment of individuals, or any aspect of its operations. The district also provides equal access to the Boy Scouts of America and other designated youth groups. This notice is provided in compliance with Title VI of the Civil Rights Act, Section 504/Title II of the Americans with Disabilities Act, Title IX, the Age Discrimination Act, and any other applicable federal or state anti-discrimination laws. The following person has been designated to handle inquiries concerning application of Kiamichi Tech's non-discrimination policies: Kiamichi Tech Title IX Coordinator, Jay R. Warren, 1004 Highway 2 North, Wilburton, OK. 74578, (918) 465-2323 or jwarren@ktc.edu. Outside assistance may be obtained from: U.S. Department of Education Office for Civil Rights, One Peticcoat Lane 1010 Walnut Street, Suite 320, Kansas City, MO 64106, (816) 268-0550, (877) 521-2172 (TTY), OCR.KansasCity@ed.gov.

Employment History

Business Name & Supervisor: _____

City/State/Zip: _____

Position Held: _____

Date From: _____ Date To: _____

Reason for Leaving: _____

Business Name & Supervisor: _____

City/State/Zip: _____

Position Held: _____

Date From: _____ Date To: _____

Reason for Leaving: _____

Business Name & Supervisor: _____

City/State/Zip: _____

Position Held: _____

Date From: _____ Date To: _____

Reason for Leaving: _____

Personal Health History

To be completed by the applicant.

Name (Please Print): _____ **Date:** _____

Do you have a history of:	YES	NO
Heart disease		
Hypertension		
Tuberculosis		
Diabetes		
Epilepsy		
Seizures		
Migraine		
Frequent Headaches		
Arthritis		
Emotional/Nervous disorder		
Physical Disabilities		
Learning Disabilities		

If you answered "yes" to any of the above, please explain.

Have you even been treated for a back ailment or injury? YES NO
If you marked "yes", please explain.

Are you currently taking any medications? YES NO
If yes, please list the medications you are currently taking.

_____ Date: _____
Student Signature

**Kiamichi Tech
Physical Examination Form**

Date: _____

Student's Name – Please Print _____

**TO BE COMPLETED BY A PHYSICIAN OR P.A.
ALL AREAS MUST BE COMPLETED BEFORE FINAL ACCEPTANCE INTO THE PROGRAM.**

Blood Pressure: _____

Pulse: _____

Height: _____ ft. _____ in.

Weight: _____ lbs

Eyes: Vision: R _____ L _____

Corrected: R _____ L _____

Hearing: R _____ L _____

Heart: _____

Lungs: _____

Abdomen: _____

Hernia: _____

Skin: _____

Lifting Restrictions, if any: _____

Tuberculosis Skin Test: _____
Results Signature Date

Attach Copies or other documentation for:

___ Hepatitis B Vaccine record ___ Measles, Mumps & Rubella ___ Varicella ___ Tetanus ___ Influenza
(or letter of attestation)

PHYSICIAN'S REMARKS AND RECOMMENDATIONS

Is this individual in suitable health, physically and emotionally, for EMS training? YES NO
Is this individual capable of performing the paramedic technical standards (page 2)? YES NO

Comments/Recommendations:

Physician Name (print): _____

Physician Signature: _____

Phone#: _____

Address: _____
Street City State Zip

Student's Work Reference

(This form is to be filled out by a current or previous supervisor or co-worker.)

Student Name: _____ Date: _____

Mr. /Mrs. /Ms. _____ has applied for admission to Kiamichi Tech and has given your name as a reference. In order to be considered for the program, we need your candid opinions as to the applicant's suitability to perform the duties of a Paramedic.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Thank you for your time.

1. How long have you known the applicant? _____

2. In what relationship have you known the applicant? Supervisor _____ or Co-worker _____

3. Did the person have any problems in attendance? Yes No If yes, please explain:

4. Did the person have any problems with tardiness? Yes No

5. What positive qualities or characteristics does the applicant possess that would contribute to his/her ability to succeed in the medical field? _____

6. Does the applicant have any characteristics that might tend to interfere with his/her ability to succeed? _____

Please use the back of this form to make any additional comments you may have.
Thank you for your assistance.

Print Name: _____

Signature: _____ Date: _____

Address: _____

Title: _____ Phone: _____

Student's Personal Reference

Student Name: _____ Date: _____

Mr. /Mrs. /Ms. _____ has applied for admission to Kiamichi Tech and has given your name as a reference. In order to be considered for the program, we need your candid opinions as to the applicant's suitability to perform the duties of a Paramedic.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

1. How long have you known the applicant? _____

2. In what relationship have you known the applicant? Friend Family

3. What positive qualities or characteristics does the applicant possess that would contribute to his/her ability to succeed in the medical field? _____

4. Does the applicant have any characteristics that might tend to interfere with his/her ability to succeed? _____

Thank you for your assistance.

Print Name: _____ Date: _____

Signature: _____

Address: _____

Phone: _____

Applicant Questionnaire

Give two specific reasons why you want to enter the paramedic program:

1. _____

2. _____

Tell us something interesting about yourself: _____

What motivated you to decide to come to school at this time? _____

