

Paramedic Admission Criteria

This is a selective and competitive admission program. Admission to the college doesn't guarantee admission to the clinical component of the program. You will be admitted as a pre-paramedic student and work with your advisor to apply to the clinical/core component of the program.

Minimum Criteria to Apply: See the point system

Advising: Prior to submission of a clinical program application, you must apply to the college, submit high school transcripts (or GED), take college placement tests and meet with the program director – Craig Davis to develop your educational plan.

For appointments: cadavis@hacc.edu

Application: Attached

Application Deadline:

Part-Time Program (Fall start): July 1. Based upon availability, applications may be accepted after July 1.

Day-Time Program (Late Spring start): November 30.

Class Selection Date:

Part-Time Program: August 1

Full-Time Program: January 30

[Click here to refer to the Federal Department of Transportation Paramedic Functional Job Analysis.](#) (pdf)

ADDITIONAL REQUIREMENTS PRIOR TO STARTING THE CLINICAL PORTION OF THE PROGRAM (after acceptance)

Additional information and required forms will be provided to you upon acceptance into clinicals. Failure to provide all the necessary documentation before the established deadline could lead to denial of admission into the clinical program. The following must be completed (at your own expense) after you have been selected for, but prior to starting the clinical portion of the program:

Physical Examination and Required Immunizations

All students accepted into the clinical component of the program must submit a health examination form completed by a physician/nurse practitioner/physician's assistant with immunization history including verification through blood work. No student will be admitted with a disqualifying result or failure to meet the specified deadline.

Background Checks

All students accepted into the clinical component of the program must undergo a Pennsylvania Child Abuse History Clearance, FBI Check and State Police Criminal Record Check. No student will be admitted with a disqualifying criminal history or child abuse clearance. Students with criminal backgrounds interested in admission into the clinical portion of any health career program at HACC must follow the [Prohibitive Offense Procedure](#) for Health Career Programs, effective for admission into the clinical portion of any health career program after May 1, 2011.

Drug and Alcohol Screens

All students accepted into the clinical component of the program must undergo a drug and alcohol screen annually at the laboratory specified by the program on or before the stated deadline. This lab is used to protect the integrity of the results being reported. No student will be admitted or retained in the program with a disqualifying result or failure to meet the specified deadline.

Any candidate not meeting these criteria will be denied admission into the program.

5/8/08 rev 3/7/11

HACC Paramedic Program Point System – Fall 2012/Spring 2013
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Students will be considered for admission into the paramedic program who:

- Have a high school diploma or GED or equivalent foreign education as verified by a HACC-approved credential evaluation service
- Are 18 years of age prior to start of class
- Have current PA EMT Certification with approximately 100 documented emergency calls
- Met with the program director

All paramedic applicants will be ranked on the following criteria:

Points	Criterion
15	BIOL 121
5 to 15	* Grade in BIOL 121 A = 15, B = 10, C = 5
5 to 15	* Grade in BIOL 111 or EMS 284 A = 15, B = 10, C = 5
5 to 15	* Grade in AH 150 A = 15, B = 10, C = 5
<i>*Note: All transferred courses will be assigned the number of points based on the actual grade earned.</i>	
1 to 3	BLS experience - must be verified in writing on BLS Service letterhead 3 or more years = 3, 1-3 years = 2, 0-1 year = 1,
1 to 3	BLS experience - must be verified in writing on BLS Service letterhead 200 or more emergency patient contacts = 3 100-200 emergency patient contacts = 2 50-99 emergency patient contacts = 1
1 to 3	Education (completed at a regionally accredited school) Associates or higher degree-healthcare related = 3 Associates or higher degree not healthcare related = 2 3 or more credits of college-level courses completed (C or better) (no degree) = 1
3	EMS agency sponsorship (requires supporting documentation from agency)
2	Resides within Emergency Health Services Federation (EHSF) region (includes Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry and York counties)
1	Basic Trauma Life Support (BTLS)/Pre-Hospital Trauma Life Support (PHTLS)
1	Advanced Life Support (ALS) Assistant
1	Emergency Vehicle Operations Course (EVOC) / Emergency Vehicle Driver Training (EVDT)
1	HazMat Operations
1	National Incident Management System (NIMS)
1	Advanced Cardiac Life Support (ACLS)
Total Score (80 Max)	

In event of a tie, score on the PA DOH EMT-B exam will be used.

The accepted time limit for science courses (HACC or transfer) for use in health career program requirements is 7 years.

9/15/11 CAD/vg

Approved by LM/JB/Ry 10/19/06

HACC does not discriminate in employment, student admissions, and student services on the basis of race, color, religion, age, political affiliation or belief, sex, national origin, ancestry, disability, place of birth, General Education Development Certification (GED), marital status, sexual orientation, gender identity or expression, veteran status, or any other legally protected classification.



Paramedic Essential Qualifications

[Click here to refer to the Federal Department of Transportation Paramedic Functional Job Analysis.](#)

All individuals, including persons with disabilities, who apply for admission to the paramedic program must be able to perform specific essential functions with or without reasonable accommodation.

The following outlines the abilities and behavioral characteristics necessary for the student to be admitted to, continue in, and graduate from, the paramedic program at HACC. These are standards of admission.

The applicant should carefully review the essential qualifications for the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements. It is ultimately the applicant's responsibility to meet these essential qualifications if accepted into the program.

The applicant should consult with the program director to discuss any individual situation if he or she may not be able to meet these essential qualifications. Requests for reasonable accommodation will be considered. Contact the program director if you have any questions about this matter.

Any candidate *not* meeting these criteria will be denied admission into the program.

Hearing - Ability sufficient for physical assessment and ambulance service operations. Sufficient hearing ability to interpret messages not solely based on visual cues, to interpret conversation, and to detect sounds such as heart tones and Korotkoff (blood pressure) sounds.

- Auscultation of breath sounds and blood pressure. Converse with patients and healthcare professionals in English. Work around loud equipment on roadways, understand radio transmissions/pager tones and communicate on telephone/radio.

Mobility - Ability and strength necessary to respond to emergencies in a variety of settings.

- Work in natural and man-made disasters under a variety of terrains and settings with physical demands.

Motor Skills (fine) - Ability to handle or feel and reach sufficient to provide safe and efficient emergency care.

- Tie a knot or bandage, give injections, pick up small objects, and write with a pen or use a keyboard/touch pad.

Motor Skills (gross) - Perform multiple motor tasks simultaneously.

- Ability to lift and move patients from or to various heights, positions. Lift and move patients from various heights or positions onto a gurney or stair chair. Provide a skill such as airway management or CPR while moving a patient down a set of stairs reasonable for this occupation.

Tactile - Tactile ability sufficient for physical assessment.

- Distinguish hot or cool skin temperature, pulse rate; feel anatomical landmarks. Distinguish textures, degree of firmness, temperature differences.

Visual - Ability sufficient to work in dark, dimly lit or bright light. Have peripheral, form, depth perception and ability to distinguish shades of color.

- Reading and writing reports in English. Visualize mechanism of injury in relation to patient's condition. Describe size and shape of wound. Describe patient's skin color.

Driver's License - Have a driver's license.

- Operate an ambulance.
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As an applicant to this program or student in this program, I acknowledge that I have read and understand the essential qualifications. **I acknowledge that I am capable of performing the abilities and skills outlined in this document** with or without reasonable accommodation and understand that my status as a student in this program depends on my continued ability to successfully demonstrate these abilities and skills. **I understand that if I am no longer able to meet these essential qualifications I will immediately notify the program director.** _____ (Initial)

I have read and understand the program admission criteria as posted on the HACC Health Careers website. _____ (Initial)

I understand that all students accepted into the clinical component of the program must undergo a drug and alcohol screen annually at the laboratory specified by the program on or before the stated deadline. This lab is used to protect the integrity of the results being reported. The test is at the cost of the student. No student will be admitted or retained in the program with a disqualifying result or failure to meet the specified deadline. _____ (Initial)

I understand that all students accepted into the clinical component of the program must undergo a Pennsylvania Child Abuse History Clearance, FBI Check and State Police Criminal Record Check. No student will be admitted or retained in the program with a disqualifying criminal history or child abuse clearance. _____ (Initial)

I understand that students accepted into the clinical component of the program may perform procedures which may expose them to bloodborne and airborne pathogens, ionizing radiation and potentially hazardous materials. _____ (Initial)

I understand that all students accepted into the clinical component of the program must have the following immunizations: Hepatitis B, MMR, DPT, Varicella, and an annual TB screen. _____ (Initial)

Applicant Signature

Date



Applying for (choose one):

Paramedic — AA Degree
 Paramedic — Certificate
 Prehospital RN

Paramedic Preference:

Part-Time Classroom Harrisburg Campus
 Full-Time Classroom Harrisburg Campus
 Blended (On-Line) (w/ lab on Hbg Campus)

Admission to the college, submission of high school transcripts (or GED), and college placement testing must be completed prior to applying to the clinical portion of the paramedic program.

A. Personal Data

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Maiden (If Applicable)</i>	<i>HACC ID</i>
<i>Street Address</i>			<i>City, State, Zip Code</i>	<i>Daytime Phone #</i>
<i>PA EMT Certification #</i>	<i>Date of Initial EMT Certification</i>	<i>Expiration Date</i>	<i>Cell Phone #</i>	
<i>Total Years as EMT</i>	<i>Years in EMS</i>	<i>Email</i>		

B. Education

<i>Name of Institution</i>	<i>Dates Attended</i>	<i>Degree / Diploma / Certification</i>
1.		
2.		
3.		

C. EMS Background / Related Experience (include EMS affiliations, volunteer positions, etc.)

<i>Business Name and Address</i>	<i>Supervisor's Name</i>	<i>Your Title</i>
1.	<i>Supervisor's Name</i>	
	<i>Dates of Employment</i> <i>From:</i>	
<i>Phone Number ()</i>	<i>To:</i>	
2.	<i>Supervisor's Name</i>	
	<i>Dates of Employment</i> <i>From:</i>	
<i>Phone Number ()</i>	<i>To:</i>	
3.	<i>Supervisor's Name</i>	
	<i>Dates of Employment</i> <i>From:</i>	
<i>Phone Number ()</i>	<i>To:</i>	

D. Employment History

Business Name and Address		Your Title
1.	<i>Supervisor's Name</i>	
	<i>Dates of Employment From:</i>	
<i>Phone Number ()</i>	<i>To:</i>	
2.	<i>Supervisor's Name</i>	
	<i>Dates of Employment From:</i>	
<i>Phone Number ()</i>	<i>To:</i>	
3.	<i>Supervisor's Name</i>	
	<i>Dates of Employment From:</i>	
<i>Phone Number ()</i>	<i>To:</i>	

E. References (a listing of those providing a letter on your behalf)

Name and Title	Address	Phone Number
1.		()
2.		()
3.		()

This application and supporting documentation must be brought to your advising appointment which must be conducted by January 15 (full-time program) or July 1 (part-time or on-line program) . Contact Craig Davis (cadavis@hacc.edu) to schedule appointment.

Please consult the application instructions and checklist to ensure that your application is complete prior to mailing.

I hereby certify that all of the information I have supplied is true and accurate to the best of my knowledge. I understand that the Paramedic program reserves the right to verify all of the information supplied. I also understand that if any of the information supplied is verified to be false, my application will be immediately invalidated.

Signature

Date

Paramedic Program Clinical Application Process

Admission to the college, submission of high school transcripts (or GED), and college placement testing must be completed prior to applying to the clinical portion of the paramedic program.

The following Information (which is required but not part of the admission point system) should be attached to your application and brought with you to your advising appointment (appointments must be completed before July 1):

- Photocopy of EMT certification
- Letter of reference from the Supervisor (or Chief, Coordinator) from your primary BLS affiliation. This letter should address your length of affiliation and approximate call volume over past year.
- Letters of reference (3) indicating your abilities, attributes, qualities.
- Essay (250 words or less) on a decision-making responsibility – an incident in your life which required you to make a difficult decision.
- Essay (250 words or less) describing your reasons for pursuing the Paramedic program.

Contact Craig Davis (cadavis@hacc.edu) to schedule your appointment.

Paramedic Program Contact Information

- ◆ Craig A. Davis MEd, BS, EMT-P, Paramedic Program Director, Harrisburg Campus
e-mail: cadavis@hacc.edu
- ◆ Steven L. Poffenberger BS, EMT-P, Paramedic Program Coordinator, Harrisburg Campus
e-mail: slpoffen@hacc.edu

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