



Application Packet

Advanced EMT

Winter/Spring 2023



Applications must be turned in to:

(In person)

Chemeketa Community College
Brooks Training Center: Chris Arbuckle
4910 Brooklake Rd NE, Brooks, OR 97305
Building 1 or 2, Lobby Office

(Mailed)

Chemeketa Community College
Brooks Training Center: Chris Arbuckle
4910 Brooklake Rd NE, Brooks, OR 97305

Submission deadline: October 31th, 2022-by 4:30 pm

Faculty Contact Information:

Gregg Lander: (Paramedic)

Phone: 503.399.2664

Gregg.Lander@chemeketa.edu

Chris Arbuckle: (Paramedic)

Phone: 503.399.2663

Chris.Arbuckle@chemeketa.edu

Kiva Lyell: (EMT)

Phone: 503.399.2660

Kiva.Lyell@chemeketa.edu

Kristene Jackson: (Clinical Coordinator)

Phone: 503.399.6062

kristene.jackson@chemeketa.edu

Chemeketa Community College
Brooks Regional Training Center
4910 Brooklake Rd. NE
Brooks, OR 97305
503.485.2131

www.chemeketa.edu/programs/emt



Chemeketa Community College Emergency Medical Services

Advanced EMT

Students take specialized advance training to expand the role of an EMT to include more invasive procedure and comprehensive assessments. The Advanced EMT course is a limited enrollment program and requires an application to be accepted. The Advanced EMT program starts in Winter term. Students must apply for admission and take a placement test if a new student to Chemeketa or select the status for personal enrichment. Required clinical rotations in hospitals and with ambulance services provide hands-on EMS experience. Successful completion qualifies the student to take the State of Oregon and/or National Registry examinations for licensure as Advanced EMT.

Advanced EMT Chemeketa Requirements

The prerequisites for the Advanced EMT class are listed on the course check list. If an Advanced EMT applicant has not attended college at Chemeketa, please refer to the Chemeketa Community College Catalog regarding requirements for college placement exams or personal enrichment preference, which are to be completed as a person enters the college. These assessments are done through Chemeketa's Testing Center. They can be reached at: 503-399-6556.

*Chemeketa does require vaccinations of a variety of diseases including COVID. We are mandated by our clinical partners to have **all students participating to be COVID vaccinated**. If you are not vaccinated, please start the series in conjunction with your other required vaccinations now so you maybe compliant upon entry into the AEMT course. We understand that many have religious, personal, or medical waivers for COVID vaccinations. Currently none of our clinical partners are accepting of these so we are mandated to ensure all candidates are vaccinated.*

Who is Eligible to Apply

The Advanced EMT is a limited entry enrollment with an average of 24 students each cohort. The program accepts students in Fall term for Winter/Spring. Applicants must meet the following criteria to be considered for a position in the class:

1. Applicant must be licensed as an Oregon EMT with good standings.
2. Currently employed or volunteering with an EMS agency and/or health care facility (ex. Hospital, clinic, or urgent care).
3. Current AHA BLS card with expiration date after June 2023.
4. Letter of recommendation from a current supervisor and/or training officer that is able to speak to your character and the ability to support your success.
5. Current driver license that is valid
6. Current high school diploma or equivalent
7. All vaccination current and/or completed prior to Friday, December 9th 2022 per Chemeketa requirements (See attached form).

Admission Prioritization

The following will be considered when selecting and prioritizing applicants for the program.

- Completion of admission application packet (your packet will be evaluated for completeness, compliance, and ability to follow directions)
- Completed vaccinations
- AHA BLS card with acceptable expiration date
- Work history
- Endorsement Letter from EMS Chief/CEO/Chief

Chemeketa Advanced EMT Course-Packet Instructions

Please read each page carefully. You will be given consideration for your ability to follow instructions. The packet will be evaluated for completeness, compliance, and ability to follow directions.

- Paperclip your packet. **Do not staple pages together.**
- Do not use page protectors or special folders.

Application Process

The Advanced EMT application process is extremely competitive due to the programs limited enrollment. It is the faculty's goal to admit the candidates with the most qualified applications.

Introductory Letter

This letter gives us a little insight of you as a person and reason for applying for Advanced EMT. The letter should be no longer, than one page typed.

The letter will require the following:

1. Will need to have 1" margins on all four sides
2. Name: Located in the left Corner of the page. Arial Font 11-point
3. Title: Centered at top of page but below name, "Introductory Letter" typed in Bold at Arial Font 12-point.
4. The body should be typed in Arial font 11-point and have basic paragraph and sentence structure.
 - a. The content should described to us the reason you want to gain the Advanced EMT licensure and your potential use.

Note: Submitting your application in a timely manner is important. All of these requirements must be presented in one complete packet in the checklist order to:

Chemeketa Community College
Brooks Regional Training
Attention: Chris Arbuckle
4910 Brooklake Road
Brooks, Or 97305

If you are mailing the application, it must be postmarked by **October 31, 2022** to be considered for the Winter 2023 class.

Advanced EMT Course Check List

Your application packet for Winter Term 2018 entry must include the following documents and presented as one complete packet.

Please ensure you have included all items before turning in your application. **Items should be in the following order:**

Name: _____

- ____ Completed Advanced EMT Course Check List
- ____ \$25.00 check or money order (non-refundable) made out to Chemeketa Community College
- ____ Introductory Letter (see instructions on previous page)
- ____ Completed Form #1 ("Personal Data")
- ____ Copy of Oregon licensure as an EMT; or proof of eligibility for licensure as an Oregon EMT with planned test date of: _____

- ____ Copy of current/valid **American Heart Association BLS** (Healthcare Provider) Card; expiration date: _____
- ____ Copy of High School Diploma or equivalent
- ____ Copy of current/valid Driver's License
- ____ Completed and Signed Form #2 ("Driving & Criminal Record Statements")
- ____ Completed and Signed Form #3 ("Information Release")
- ____ Completed Form #4 ("Work/Training History and References")—remember to include starting and ending dates for activity or employment.
- ____ Endorsement letter from an EMS Chief/CEO/Chief (place this after Form #4)
- ____ Completed Form #5 Vaccination records Due date: December 9th, 2022

Note:
All communication to candidates will be sent via email. Make sure to include your email address on the personal data sheet. It is imperative that you write legibly, so the program can contact you. Candidates are responsible for checking their email regularly for program notification and application status.

Personal Data

Form #1

Name: _____ SSN #: _____ - _____ - _____

Chemeketa K#: _____ (Please register as a Chemeketa Student)

Mailing Address:

Street: _____ City: _____

State: _____ Zip: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Chemeketa Email: _____

Alt. Email: _____

Emergency Contact: _____ Phone: _____

Oregon EMT License #: _____

National #: _____ Expiration Date: _____

AHA CPR-Healthcare Provider Card Expiration Date: _____

Oregon Driver's License #: _____ Expiration Date: _____

Formal Education:

	Institution Name	Location	Type of Degree	Dates
High School				
College				
Other				
Other				

Driver's License

A valid driver's license is necessary. Please submit a copy with your application packet. Additionally, the insurance carrier of the program must insure students who drive the program vehicles. Employment opportunities could be severely limited with a significant driving record. A significant record constitutes having a DUII, multiple moving violations or accidents within the last three years.

Do you have a valid driver's license? No: _____ Yes: _____

Note: You will need to provide a current copy before starting the program.

Does your driving record include any moving violations, accidents, or a DUII in the past three years?

No: _____ Yes: _____

If yes, please explain:

Criminal Conviction

'If selected' for a position in the program, the student will be required to initiate a criminal history clearance. The student may not be automatically excluded from consideration if they have been convicted of a crime. Their suitability for application will be evaluated based on the totality of circumstances, such as, the nature of the crime, the time since the conviction, etc. Conviction of a crime could impact decisions by the Oregon State Health Division to license the person as a paramedic.

Have you ever been convicted of a crime? No: _____ Yes: _____

If yes, please explain:

I, the undersigned, acknowledge that the information set forth on this form is true and accurate.

Signature: _____ **Date:** _____

Affidavit and Authorization to Investigate/Hold Harmless.

I attest that all of the facts, dates and information that I have provided the AEMT Program by virtue of this application, attachments, and oral statements are true. In submitting an application for admission, I authorize investigation of all statements contained in it, and, it is understood and agreed that any misrepresentation by me may result in cancellation of my application and/or termination from the program.

If accepted, I will certifying my fitness for the program. I will also provide verification of the screenings and immunizations, which are required by the program.

I authorize Chemeketa Community College to make any and all necessary and appropriate investigations to verify information given by me and to examine my fitness for participation in Chemeketa Community College AEMT Program. I understand that these investigations will include criminal record background/Drug screening. I hereby agree to release, defend, indemnify, and hold harmless, any person, company, or corporation as to any and all claims arising due to their supplying information pertaining to my suitability for application to Chemeketa.

I understand that admission to the Program is a probationary status from which I can be terminated for cause. Such cause may include, but is not limited to my failure to perform work of quantity or quality that complies with established work performance standards; my failure to adhere to program rules, guidelines, or policies and procedures; any criminal activity which would render me ineligible to respond to the emergency calls of cooperating agencies; my positive result on, or my failure to submit to drug screening when that screening is required for cause by program staff; or my failure to maintain a 2.0 grade point average.

Signature: _____ **Date:** _____

Work/Training History & References

Form #4

Certification Statement:

I, _____ (print name) acknowledge that the information set forth on this form is true and accurate. I also give permission to: Chemeketa Community College EMT/AEMT/Paramedic Program, the selected committee members, and the program faculty to contact the references I have listed. I understand that any information given by the references I have listed will remain confidential between the college and the references.

Signature: _____ Date: _____

Health-Care Related Experience: List all paid and volunteer activities in chronological order starting with the most current.

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #

Description of duties/skills:

Other Work or Volunteer Experience: List all paid and volunteer activities in chronological order.

Job Title	Location/Employer	Start Date Mo/Yr.	End Date Mo/Yr.	Hours per Month	Supervisor/Phone #
Description of duties/skills:					
Description of duties/skills:					

References:

List at least three references, preferably those familiar with EMS activities. **Do not** include Chemeketa faculty.

	Name (first, last)	Address (#, street, city, state, zip)	Phone Number
1.			
2.			
3.			
4.			

Note: During the initial application evaluation process, faculty will conduct reference checks at random.

Form #5 Required Documentation – AEMT

You need to provide copies of the following:

- Documentation of high school diploma **OR** GED
(can bring a copy of your diploma or submit an unofficial transcript that shows your graduation date)
- Documentation of Placement test
- Documentation of Varicella #1 AND Varicella #2 shots **OR**
 - Antibody immunity (blood test) for varicella
- Documentation of MMR #1 and MMR #2 shots **OR**
 - Antibody immunity (blood test) for measles, mumps, and rubella
- Documentation of current Tdap (tetanus) (good for 10 years)
- Documentation of TB (tuberculosis) test and **results** (good for 1 year and cannot expire while you are in class); skin test **OR** blood test
- Documentation of hepatitis B shots (must have all 3 or be current in the series) **OR**
 - Antibody immunity (blood test) for hepatitis B
- Flu shots are required if you do ER shifts in the Fall or Winter terms.
- Copy of your CPR card (only AHA is accepted)
- Copy of your EMT license

*****Oregon Health Authority's Temporary Administrative Order 333-019-1010 from PH 38-2021 requires health care personnel and healthcare staff who work or volunteer in healthcare settings to be vaccinated against COVID-19 or request a medical or religious exception.

PLEASE NOTE: Students who request a medical or religious exception should be aware that many of **our clinical** partners are **requiring the COVID vaccine** and other required vaccinations as outlined to participate in clinical partner experiences (e.g. rotations). These rotations are required as part of your coursework.

PLEASE NOTE: Exclusion from our clinical partner experiences (e.g. hands-on internship or rotations) would result in the failure of the course and therefore denial of your certificate or degree.

We will try to accommodate students with exceptions to find clinical partner experiences that will accept; however, Chemeketa cannot guarantee such placement.

You will be required to sign off in your program's source document that you acknowledge and understand the vaccination requirement and exclusion impact.

NOTE: Drug screening (taken randomly) and criminal background check – these will be done in class at a random date; bring your driver's license to each class for this.

For any questions contact the Clinical Coordinator, Kristene Jackson, kristene.jackson@chemeketa.edu.