

Paramedic Science Program: Advanced Placement Application

Required Documentation:

- College transcripts showing paramedic coursework
 - o An unofficial transcript may be included with the application. Official transcripts must be submitted to CCM Registrar in accordance with CCM policy.
- NJ Paramedic Certification (must remain current while enrolled)
- ACLS, PALS, PHTLS certifications (must remain current while enrolled)
- Completion of ICS 100 and ICS 200 within the last 6 months
- Completion of NIMS 700 within the last 6 months
- Proof of annual clinical competency completion (must remain current while enrolled)
- Clinical clearance requirements as outlined in the Clinical Clearance Handbook. Admission is conditional pending clinical clearance. Professional Liability Insurance is required.

Clinical Manager verification is necessary to confirm the applicant:

1. is employed in good standing, is not under a clinical performance improvement plan, and has been granted RSI privileges as a paramedic in the State of New Jersey;
2. has undergone annual performance review and evaluation, including performance, or opportunity for observation, of psychomotor skills;
3. has completed a minimum of 864 hours of employment in the clinical practice setting within the calendar year prior to signing this form.

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Applicant Information:

Name: _____

NJ EMS ID Number: _____

Email: _____

Phone: _____

Address: _____

Applicant Work Experience:

Name of Organization: _____

Title of Current Position: _____

Number of Years with Organization: _____

Initial Paramedic Didactic Training: _____
Date: _____

Initial Paramedic Clinical Training: _____
Date: _____

T-Number Training Site/Date: _____

<p>Applicant Signature: By my signature below, I acknowledge I am applying for admission for advanced standing in the Paramedic Science Program. I understand I must be working in a minimal capacity during enrollment and must complete a minimum of 408 hours during PAR 235 in addition to the course requirements to apply new knowledge to the current healthcare system. I understand all required certifications must remain current while enrolled. I understand I am subject to the Paramedic Science Program Student Handbook, Internship Manual, and Clinical Clearance Handbook. I understand I must attend all pertinent orientation sessions as scheduled.</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>Clinical Manager Signature: By my signature below, I confirm the above-named applicant has completed a minimum of 864 hours of employment in the clinical practice setting within the calendar year prior to the date below. I attest the applicant is in good clinical standing and has undergone annual performance review and evaluation, including performance, or opportunity for observation, of psychomotor skills. I attest the applicant has been granted RSI privileges and is not under a clinical performance improvement plan.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>_____ Name, Title, and Credentials</p> <p>_____ Phone Number</p> <p>_____ Email</p>
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