

## Paramedic Science Program Application

Name: \_\_\_\_\_

**Attach this sheet as a cover page for the application.**

- Completed Application
  - Submit Application to: amurray@ccm.edu
    - Email as one complete PDF document
    - References may be emailed directly by sender separately; include last name in subject line
- Copy of current New Jersey EMT-B card (front & back)
- Copy of current Basic Life Support for the Healthcare Provider CPR card (front & back)
- Copy of valid state driver's license (front & back)
- Current copy of your driver abstract
  - This information can be obtained from:  
[https://emvc.state.nj.us//MVC\\_DVRAR/AVSStart.jsp](https://emvc.state.nj.us//MVC_DVRAR/AVSStart.jsp)
- Copy of all unofficial transcripts.
- 3 Recommendation Letters
  - One from a current employer
  - One from a current or actively working certified Paramedic, MICN, Emergency Nurse or Physician
  - One from a non-EMS source (other than a relative)

**Dates:**

- Applications Due: August 1, 2022
- Entrance Exam TBD
  - Cost \$25.25

**Contact Information:**

Andrea Murray  
Paramedic Program Director  
amurray@ccm.edu

## Paramedic Science Program Application

### APPLICATION PROCEDURES:

1. Paramedic Program and College admissions are two separate application processes.
2. Complete this packet in its entirety and return with the required documentation to the Paramedic Program Director at County College of Morris, 214 Center Grove Rd, EH 133, Randolph, NJ 07869. Applications may be emailed as a complete PDF document with subject line "Paramedic Program Application".
3. Applications will not be considered until all required documentation is received.
4. Qualified applicants will be selected based on the selective admissions process.
5. **Advanced Placement:** All applicants to the A.A.S. Degree Paramedic Science Program— Advanced Placement are required to complete the Advanced Placement Application and submit the required documentation as part of the admissions process. Students must complete the program sequence at County College of Morris.
  - a. **The advanced placement sequence is only available to students with current New Jersey Paramedic Certification.** The program sequence must be followed. General education requirements are prerequisites to PAR 230 and PAR 235. Admission is conditional pending clinical clearance requirements being met.

### SELECTIVE ADMISSIONS PROCESS:

CCM's Paramedic Science Program utilizes a selective admissions process which requires a separate application and admission from the College's general application and admissions process. An additional fee is assessed for the Paramedic Science Program Application. **Upon successful completion of the admissions process, students will receive conditional acceptance to the program pending drug screening, health clearance, and criminal background clearance.** Students must also provide a current driver's abstract upon conditional acceptance.

Only the specific courses listed in the ranking area will be used in the AAS Paramedic Science Program Admissions Ranking System. Priority seating will be given to students completing all general education requirements at County College of Morris after being competitively ranked. **Students are not eligible for selective admissions ranking if the grade point average (GPA) in the prerequisite coursework is less than 2.5.**

**Only applications that have been received in their entirety by the application deadline will be considered for ranking.** Eligible applicants who are not selected as part of the initial admitted group will be placed on a secondary list of eligible applicants. If a seat becomes available, the next student ranked will be offered the vacancy. Should seats remain available after the selective admissions process, late applications will be processed. Incomplete applications will not be processed.

All non-admitted students must reapply. Applications will not be held.

Dismissed students are to consult the "Readmission of a Dismissed Student" Policy prior to reapplying.

Official transcripts must be submitted to the Admissions and Records Office prior to Paramedic Science Program application submittal. Students are encouraged to submit transcripts as soon as possible as

## Paramedic Science Program Application

processing times may vary. **Completed courses will not be considered until transfer credits have been articulated.**

### **Eligibility:**

To be eligible for ranking, students must:

1. Complete the College application process, including submission of transcripts from other colleges attended
2. Demonstrate college-level competency in English and math by completion or waiver of developmental courses
3. Complete required prerequisites
4. Hold and maintain current NJ EMT and AHA] BLS Healthcare Provider (CPR) certifications and valid driver's license
5. Be a minimum of 18 years of age by the first day of Paramedic Science I (PAR 120)

### **Ranking System:**

The Paramedic Science Program utilizes a two-step ranking system:

1. Applicants will be ranked utilizing general education coursework grades, overall GPA, and Paramedic Entrance Exam score. Only qualifying applicants will move to the second step.
2. Paramedic Science Program Selection Process

### **Step One:**

1. Paramedic Entrance Exam
  - The entrance exam will be administered on a given date(s) with no make-up date(s).
  - The paramedic entrance exam will consist of two parts: written and psychomotor.
  - The FISDAP Paramedic Entrance Exam will be utilized for the written component. The exam is comprised of two sections: a cognitive test consisting of anatomy and physiology, math, reading comprehension, and EMT, and an affective domain assessment.
  - A patient care scenario based on NREMT BLS standards to measure the applicant's ability to assess, treat, and identify potential life-threats, while establishing a differential diagnosis. The student will verbally assess and discuss the patient scenario with evaluators.
2. Overall Grade Point Average Calculation
3. Math and Science Course Calculations
  - Only grades of "C" or higher will be used to calculate
  - Points awarded are based on grades achieved.
    - i. "A" : 3 points
    - ii. "B" : 2 points
    - iii. "C" : 1 point
  - Point reductions will be applied to **all prior** "D", "F" and "W" grades in these courses.
  - Students are required to take College Algebra or higher
  - Courses that have not yet been completed will be calculated as "0"

## Paramedic Science Program Application

- Point reductions will be applied to “D”, “F” and “W” grades.
  - Math and Science courses included in this calculation are:
    - i. Anatomy and Physiology I
    - ii. Anatomy and Physiology II
    - iii. College Algebra or higher
4. Other Course Calculations
- Only grades of “C” or higher will be used to calculate rank
  - Point reductions will be applied to **all prior** “D”, “F” and “W” grades in these courses.
  - Courses that have not yet been completed will be calculated as “0”
  - Courses included in this calculation are:
    - i. English Composition I
    - ii. English Composition II
    - iii. General Psychology

### **Step Two:**

#### Paramedic Science Program Selection Process—Interview

- Once applications have been competitively ranked, top applicants will be invited to participate in the selection process.
  - i. All applicants will be interviewed by the program to assess their qualifications and to identify those applicants who have demonstrated an attitude for success in EMS. The program actively seeks applicants who have a history of being respectful, personable, are effective communicators, have exhibited leadership traits and consistently conduct themselves with integrity.
  - ii. Received recommendations will be weighted during this process.

### **RECOMMENDATION LETTERS:**

The three letters of recommendation should be attached to your application on appropriate letter head in a sealed envelope.

1. A recommendation letter from a current employer.
2. A recommendation letter from a current or actively working Paramedic, MICN, Emergency Nurse or Physician. Include the state and certification number of the paramedic providing the reference.
3. A recommendation letter from a non-EMS, non-relative source.

### **ORIENTATION:**

A mandatory orientation session will be held for all accepted students.

## Paramedic Science Program Application

| <b>Personal Information</b>  |                         |                          |
|--|-------------------------|--------------------------|
| Name:  | Date:                   |                          |
| NJ EMT-B Number:   | DOB:                    |                          |
| Home address:  |                         |                          |
| City, State, and Zip Code:   |                         |                          |
| Home Phone:  | Cell Number:            | Email Address:           |
| US Citizen?  |                         |                          |
| Have you ever applied/enrolled in a Paramedic or Nursing program before? | If yes – where and when |                          |
| <b>Education</b>   |                         |                          |
| <b>High School (Name, City, State):</b>                                  |                         |                          |
| Graduation Date:   |                         |                          |
| <b>Business or Technical School:</b>                                     |                         |                          |
| Dates Attended:  | Degree, Major:          |                          |
| <b>Undergraduate College:</b>  |                         |                          |
| Dates Attended:  | Degree, Major:          |                          |
| <b>Graduate School:</b>  |                         |                          |
| Dates Attended:  | Degree, Major:          |                          |
| <b>References</b>  |                         |                          |
| Current EMS Officer/Supervisor:  |                         |                          |
| Paramedic Reference:   |                         |                          |
| Non-EMS Source (no relatives):   |                         |                          |
| <b>EMS Affiliation/Experience</b>  |                         |                          |
| Semester applied for:  | EMS Affiliation:        |                          |
| CPR expiration:  | EMT-B expiration:       | Years of EMS experience: |
| PHTLS:   |                         |                          |
| Other:   |                         |                          |
| <b>FOR OFFICE USE ONLY</b>   |                         |                          |
| Date Interviewed:  |                         |                          |
|  |                         |                          |

## Paramedic Science Program Application

| EMT Experience   |          |          |            |           |
|--|----------|----------|------------|-----------|
|  |          |          |            |           |
|  |          |          |            |           |
|  |          |          |            |           |
| Employment History   |          |          |            |           |
| Dates (FROM-TO)  | Employer | Position | Supervisor | Telephone |
|  |          |          |            |           |
|  |          |          |            |           |
| Military   |          |          |            |           |
| Rate and Rank (Leave blank if not applicable)  |          |          | Branch     |           |
| Dates (FROM-TO)  |          |          | Specialty  |           |
| Medical  |          |          |            |           |
| Do you have any physical, mental, and/or emotional impairment / disease that could reasonably be expected to impair your ability to function as a paramedic? |          |          |            |           |
| If YES, Please Specify:  |          |          |            |           |
|  |          |          |            |           |
|  |          |          |            |           |

| Questions  |
|--|
| <i>Please provide brief responses to the following questions</i> |
| 1. Why do you want to become a paramedic?                        |
|  |

## Paramedic Science Program Application

2. What are your other skills and interests?

3. What are your immediate career goals upon graduation?

4. What are your long-range professional goals?

5. How will you facilitate your success in the program?

6. How did you learn about the County College of Morris Paramedic Program?

## Paramedic Science Program Application

### Essay Question

**Choose one of the following questions and answer the question in 200 words or less.**

1. Describe a situation in which you demonstrated an ability to assume responsibility and make a difficult decision. The situation should relate to your interest in becoming a Paramedic.
2. What is (are) your passion (s) in life?



## Paramedic Science Program Application

Have you ever been charged, convicted, placed on probation, entered into a pre-trial intervention (PTI) program or entered into a plea bargain in connection with a violation of law under any state, the federal government, or any other jurisdiction, other than a minor traffic violation?

Have you ever been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrender a health care licensure in any state or to an agency authorizing the legal right to work?

**If you answered “yes” to the above question, you will need to provide official documentation that fully describes the offense, current status and disposition of the case before a seat can be offered.**

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I hereby affirm the above statements and the information provided is true and correct

I understand that any misstatements, omission or misleading information given in my application or interview or in connection with other records related to application may result in the rejection of my application and/or my dismissal from the paramedic program.

I authorize an investigation of all statements contained in this application. The investigation may include obtaining information from the National Practitioner Data Bank. I release from all liability and responsibility; all persons or entities requesting or supplying information about any information provided on this application, including my present employer. I authorize County College of Morris and/or clinical affiliates to conduct criminal background check and driving history.

I acknowledge that any offer of acceptance is contingent upon proof of all required documentation of pre-placement medical examination and/or inquiry. Such medical exam and/or inquiry may include a pre-placement drug test. My offer of acceptance may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation or if threat of substantial harm to myself or others.

I understand that I have a right to consult with a person of my choosing, including an attorney, before signing this application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed: \_\_\_\_\_