

EMT-Paramedic Program
DIVISION OF CONTINUING EDUCATION

Thank you for your interest in the Wilson Community College EMT-Paramedic program. Admission into the program is by application. Please read and review all information and forms before you begin the application process. Only **complete** applications will be accepted for consideration.

This 1,096-hour course is divided into four semesters and is designed to prepare students to perform more advanced medical procedures. Students will be trained in the use of advanced airway devices, intravenous lines, and drug therapy. The program includes 596 hours of didactics (classroom), 200 hours of hospital clinicals, and 300 hours of field internship (ambulance). This course follows guidelines established by the North Carolina Office of Emergency Medical Services. The curriculum for the EMT-P educational program shall be objectives identified from the National Standard Curriculum. Students who successfully complete the course will be eligible to take the State certification exam.

GENERAL PROGRAM INFORMATION

Students must submit a completed application and meet all admission requirements. Class size is limited to 20 students. Applications received will be accepted on a first-come first-served basis. Approved applicants will be notified by mail of the registration procedure. **NOTE:** A minimum of ten students will be required to run an EMT-Paramedic class.

PROGRAM / APPLICATION REQUIREMENTS:

1. Must be at least 18 years of age
2. High school diploma, GED, or advanced degree; transcripts are acceptable. (Copy attached)
3. Completed and signed EMT-P application and agreement form
4. Copy of valid social security card (Copy attached)
5. Copy of picture ID (example – driver’s license) (Copy attached)
6. Copy of EMT-Basic State Certification (Copy attached)
7. Results of 19-panel drug screen (attached)
8. Criminal background check (attached)
9. Placement test scores (Compass Test) must be completed by the end of Section A of the Paramedic program. Contact the Student Services Division, (252) 246-1276, to schedule a Compass Test and indicate that you are a continuing education student. Required scores are as follows:
 - Writing 70 or higher
 - Reading 81 or higher
 - Math (Pre Algebra) 45 or higher
10. Proof of the following immunizations:
 - One (1) TB skin test within three months of class start date.
 - Proof of two MMR’s
 - Hepatitis B (at least first shot of the series of three required)
 - Proof of varicella (chicken pox), or a titer/blood test to prove immunization
11. Maintain 90% attendance rate

12. Maintain 80% average on all assignments (quizzes, tests, labs)
13. Must score 80% or better on the final exam

COSTS INVOLVED AFTER ACCEPTANCE:

1. Registration fees per semester - \$192.00 (subject to change by act of N.C. General Assembly)
2. Malpractice Insurance – maximum of \$60 per semester. Students affiliated with an EMS provider must submit documentation of insurance coverage
3. Student accident insurance - \$2.00 per semester
4. Textbook required, Paramedic Care, 2nd Edition, Brady; ISBN 0131711636, approximately \$185.00.
5. Dress code for clinicals – dark pants (black or blue), EMS program shirt, and black shoes

Applications must be returned within two weeks of class start date.

Please mail to:

Wilson Community College
Division of Continuing Education
ATTN: Brenda Dew, EMS Coordinator
Post Office Box 4305
Wilson, NC 27893

Questions regarding the EMT-P program or application process should be directed to Brenda Dew, 246-1296; bdew@wilsoncc.edu. Thank you.

**WILSON COMMUNITY COLLEGE
DIVISION OF CONTINUING EDUCATION**

EMT-PARAMEDIC APPLICATION / AGREEMENT FORM

NAME: LAST _____ FIRST: _____ MIDDLE INIT.: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

HOME PHONE: _____ CELL #: _____

SSN: _____ BIRTHDATE: _____ Month _____ Day _____ Year

SEX: Male Female RACE: White Black American Indian Hisp Asian Other

EMPLOYMENT: Unemployed Part Time Full Time

EMPLOYER: _____ EMPLOYER PHONE #: _____

OCCUPATION: _____

CAREER OBJECTIVE: _____

WORK EXPERIENCE: _____

AGREEMENT: I have attached the required copies or proof as listed under “Program/Application Requirements”; have read, understand, and agree to the stated requirements of the EMT-Paramedic program; understand this is an application only and does not constitute acceptance into the program, and also understand the required clinical dress code, and agree to comply upon acceptance.

Signature: _____ Date: _____

Office Use Only

Date Application Received: _____

Application Status: Complete ___ Incomplete ___

Application # _____