**EMS Program**

**DIVISION OF CONTINUING EDUCATION**

Thank you for your interest in Wilson Community College’s EMS program. Please read and review all information before you begin the application process. Only **completed** applications will be considered for enrollment into this program.

The EMS program meets or exceeds NCOEMS and NR Standards for each level. Students will be trained in skills and medications approved by the State of NC. The program includes didactic, field internship, and clinical internship. This course follows guidelines established by the North Carolina Office of Emergency Medical Services. Curriculum for the EMS educational program adhere to objectives identified from the National Standard Curriculum. Students who successfully complete the course will be eligible to take the State certification exam or National Registry, both level specific.

**GENERAL PROGRAM INFORMATION**

Students must submit a completed application and meet all admission requirements.  Class size is limited to 25 students.  NOTE:  a minimum of eight students is required to offer this class.  Applications are received and accepted on a first-come, first-served basis.  Incomplete applications are not considered and may hinder acceptance into the program.

**PROGRAM / APPLICATION REQUIREMENTS:**

1. **EMR or EMT Class**—Students must be at least 16 years of age, 17 upon class completion.

**AEMT or Paramedic** Students MUST be at least 18 years of age and have COMPLETED an EMT class with proof of completion.

**A valid NC EMT card must be presented prior to ANY Clinical Experience. Failure to do do so will result in removal from the program.**

1. Submit a completed and signed Wilson Community College EMS application and agreement form.
2. Provide a High school diploma, GED, or advanced degree; transcripts are acceptable. (**Copy should be attached**). If still enrolled in high school or the GED program, a HIGH SCHOOL RELEASE FORM IS REQUIRED, *prior* to enrollment.
3. **Copy** of picture ID (example – driver’s license) (Copy should be attached)
4. **AEMT or Paramedic Class**—Placement test scores (Compass Test) must be completed before applying for into the Paramedic program. Contact Student Development, (252) 246-1276, to schedule a Compass Test. Indicate you are a continuing education student.
   1. Required scores are as follows:
      1. ● Writing 70 or higher
      2. ● Reading 81 or higher
      3. ● Math (Pre-Algebra) 45 or higher
5. Pre or Co-Requisites for Paramedic, A&P 3000 course must be completed PRIOR to the end of the Paramedic Program. Bio 168 & 169 (current CC bio id for A&P) or nursing school A&P from another institution. PROOF is REQUIRED.
6. Proof of the following immunizations:
   1. One (1) TB skin test within three months of class start date.
   2. Proof of two MMR’s
   3. Hepatitis B (at least first shot of the series of three required)
   4. Proof of varicella (chicken pox), or a titer/blood test to prove immunization
   5. If not provided, you will have to sign a waiver and clinical will be at the discretion of the clinical sites.
7. Maintain 90% attendance rate
8. Grades standards will be reviewed in class and covered in the course syllabus.
9. Must score 80% or better on the final exam
10. Must successfully pass TSOP/Skills Exams at the end of the program. All skills will be level specific.

**COSTS INVOLVED AFTER ACCEPTANCE:**

1. Registration fees per semester - $180.00 (subject to change by act of N.C. General
2. Assembly) Paramedic Course will have multiple semesters. Fee Waived for EMS, Fire, & Law.
3. Student accident insurance - $2.00 per semester
4. Textbook required AAOS Series books level specific.
5. CPR eCard based on current AHA Card fee schedule. Current CPR Book required.
6. Dress code for clinical – dark pants (black or blue), EMS program shirt, black shoes, black socks, and black belt.
7. Appropriate attire is required for class and is at the instructor’s discretion. Clinical dress code will be covered on the first day of class.

Contact Wilson Community College’s Continuing Education Division for dates of upcoming classes.

**Applications must be completed and returned prior to registering for this class.**

Please mail to:Wilson Community College

Division of Continuing Education

ATTN: Kyle Willis, EMS Coordinator

Post Office Box 4305

Wilson, NC 27893

Questions about the EMS program should be directed to Kyle Willis, 252-246-1296; or by e-mail at [tw3701@wilsoncc.edu](mailto:tw3701@wilsoncc.edu). Thank you.

**WILSON COMMUNITY COLLEGE**

**DIVISION OF CONTINUING EDUCATION**

##### EMS APPLICATION / AGREEMENT FORM

**Application Level: EMR \_\_\_\_\_\_\_\_\_\_\_ EMT \_\_\_\_\_\_\_\_\_\_**

**AEMT \_\_\_\_\_\_\_\_ Paramedic \_\_\_\_\_\_\_\_\_**

**NAME: LAST**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MIDDLE:** \_\_\_\_\_\_\_\_\_

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (Last 4 #):** \_\_\_\_\_\_\_\_\_\_\_\_

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WORK EXPERIENCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 EMS 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 # \_\_\_\_\_\_