



# Paramedic Training Program

## *Application Package* *Fall 2018*



3000 Campus Hill Drive  
Livermore, CA 94551  
925-424-1000



## Las Positas College Paramedic Program Application

### For office use only

\_\_\_\_\_ Student Application (Form A)  
\_\_\_\_\_ Personal Health History (Form B)  
\_\_\_\_\_ Physician's Physical Examination (Form C)

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

LPC Program Approval: \_\_\_\_\_

Acceptance Letter Sent: \_\_\_\_\_

\_\_\_\_\_ High School Diploma/GED or equivalent  
\_\_\_\_\_ College transcripts  
\_\_\_\_\_ BLS HCP Card  
\_\_\_\_\_ EMT Certificate  
\_\_\_\_\_ Driver's License  
\_\_\_\_\_ Immunization Record

- Student Application
- Personal Health History
- Physical Examination Form
- Student's Priority Registration Group

### Application must include copies of the following:

- High School Diploma/GED or equivalent
- College Transcripts (unofficial) Official Transcripts due upon acceptance  
\* Identifying Completion of EMS 62 (Health 52) "Basic Medical Terminology" or Equivalent and Biology 50 "Anatomy/Physiology" with lab or Equivalent
- AHA BLS CPR Card
- EMT Certificate (Current State of California Certification)
- Immunization Record
- Screen shot or screen print of student's Registration Priority Group webpage

### Paramedic Application Due Date June 15, 2018 (5:00pm)

**\*It is strongly recommended that you use a mail or courier service that provides tracking and proof of receipt to submit your application. Please keep a copy of your original application, Las Positas College accepts no responsibility for not receiving your application.**

# **LAS POSITAS COLLEGE**

## **Paramedic Program Information**

**Program Cost: \$3,682.00 to \$5,682.00 at \$46.00 per unit**

- Fees do not cover fees for Mandatory Field Internship (estimate \$1,500 to \$3,000.00)
- Fees do not cover cost of required textbooks or software
- Background and Criminal Check/Drug Testing (estimate \$90)

### **LPC EMT-P Materials and Supply Fees will include:**

- Laboratory Supplies and Materials (one use supplies for laboratory)
- Student Picture ID badge
- American Academy of Pediatrics PEPP training or AHA PALS with card
- AHA ACLS training with card
- NAEMT PHTLS Course fees & card
- NAEMT TECC Course fees & card

**Students shall be responsible to purchase separately the following items:**

### **Uniforms:**

- Dark Navy Blue Galls EMS Pants
- Black Basket Weave Belt with Silver Buckle
- Black EMS Duty Shoes or Boots (Recommended) \*Tennis shoes or dress shoes may not be substituted for EMS footwear
- Scrubs for Clinical Rotations
- Blue uniform shirts with Program Patch (Patches purchased through EMS Program)

Submit completed application to Mr. Sebastian Wong, Paramedic Program Director, Las Positas College.  
3000 Campus Hill Drive, Livermore, CA 94551

Email : [sewong@laspositascollege.edu](mailto:sewong@laspositascollege.edu)

**In order to achieve the paramedic program objectives, a student must be able to:**

- Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards.
- Walk, stand, lift, carry, and balance in excess of 125 pounds without assistance, 250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.
- Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- Climb stairs, hillsides, and ladders to gain access to a patient.
- Communicate verbally in person, via telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.
- Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- Work effectively in low light, confined spaces, extreme environmental conditions and other dangerous environments while remaining calm.
- Perform fine motor movements while in stressful situations and under threatening time constraints.

By signing below, I hereby acknowledge the costs of the Las Positas College Paramedic Training Program and am physically able to perform the tasks bulleted above in order to achieve the paramedic program objectives.

\_\_\_\_\_  
Name of Applicant

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

\_\_\_\_\_  
Signature of Applicant



# LAS POSITAS COLLEGE PARAMEDIC PROGRAM

(Form A)

## Student Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Initial Last

Mailing Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City Zip

Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Social Security: \_\_\_\_\_ W Number (LPC/Chabot): \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City Zip

Employer Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Circle Highest Level of Education:    Less than HS    Diploma HS/GED    College 1 2 3 4

E-mail address: \_\_\_\_\_

Person to be notified in case of an emergency: \_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

I currently hold the following health/medical certifications or Licenses:

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I have taken the following health/medical classes:

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I have the following volunteer experience related to health/medical service:

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**NOTICE:** Please indicate by signing below, that you have read and understand the following statement: **"State law requires Las Positas College to retain a Criminal/Background and Drug Screening test in the student application file prior to placement in a clinical setting"**.

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Yes, I have read and understand the program information and statement above. The information I have given in this application is correct, to the best of my knowledge.

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



**LAS POSITAS COLLEGE PARAMEDIC PROGRAM  
(Form B)**

**Personal Health History**  
To be completed by the applicant.

**Name (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do you have a history of:**

- Heart disease Yes \_\_\_\_\_ No \_\_\_\_\_
- Hypertension Yes \_\_\_\_\_ No \_\_\_\_\_
- Tuberculosis Yes \_\_\_\_\_ No \_\_\_\_\_
- Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_
- Epilepsy Yes \_\_\_\_\_ No \_\_\_\_\_
- Seizures Yes \_\_\_\_\_ No \_\_\_\_\_
- Migraine Yes \_\_\_\_\_ No \_\_\_\_\_
- Frequent Headaches Yes \_\_\_\_\_ No \_\_\_\_\_
- Arthritis Yes \_\_\_\_\_ No \_\_\_\_\_
- Physical Disabilities Yes \_\_\_\_\_ No \_\_\_\_\_
- Learning Disabilities Yes \_\_\_\_\_ No \_\_\_\_\_

Emotional/Nervous disorder Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the above, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you even been treated for a back ailment or injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If you marked "yes", please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the medications you are currently taking.

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



(Form C)

**PHYSICIAN'S REMARKS AND RECOMMENDATIONS**  
**Las Positas College Paramedic Program**  
**Physical Examination Form**

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

Student's Name – Please Print \_\_\_\_\_

**TO BE COMPLETED BY A PHYSICIAN. ALL AREAS MUST BE COMPLETED BEFORE FINAL ACCEPTANCE INTO THE PROGRAM.**

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs

Eyes: Vision: R \_\_\_\_\_ L \_\_\_\_\_ Corrected: R \_\_\_\_\_ L \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_ Skin: \_\_\_\_\_

Lifting Restrictions, if any:  
\_\_\_\_\_  
\_\_\_\_\_

**Tuberculosis Skin Test:** \_\_\_\_\_  
Signature Date

\_\_\_Hepatitis B Vaccine record\_\_\_Measles, Mumps & Rubella

Is this individual in suitable health, physically and emotionally, for EMS Paramedic training?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

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

Physician Signature: \_\_\_\_\_

Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip



## Las Positas College Student Immunization Record

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Immunization	Immunization or Lab Test Date	Please Attach Documentation
<u>MMR</u> (measles, mumps, rubella) <b>OR</b> Measles (rubeola) Mumps Rubella	1. _____ 2. _____ 1. _____ 2. _____ 1. _____ 1. _____	A. ___ Record of immunization <b>OR</b> A. ___ Record of immunization B. ___ Positive antibody titer A. ___ Record of immunization B. ___ Positive antibody titer A. ___ Record of immunization B. ___ Positive antibody titer
<u>Varicella</u> (chicken pox)	1. _____ 2. _____	A. ___ Record of immunization B. ___ Positive antibody titer
Hepatitis B	1. _____ 2. _____ 3. _____	A. ___ Completed series B. ___ In progress series C. ___ Positive antibody titer
Tetanus-Diphtheria-Pertussis (Tdap)	1. _____	A. ___ Record of immunization
Influenza (if possible)	1. _____	A. ___ Record of immunization
Tuberculin Skin Tests 2-Step	1. _____ 2. _____	A. ___ Record of negative ppd ___ Record of negative ppd B. ___ Negative Chest X-Ray C. ___ Negative QFGT