



# Paramedic Training Program

## *Application Package* *Fall 2020*



3000 Campus Hill Drive  
Livermore, CA 94551  
925-424-1007



## 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 19, 2020 (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
- AHA PALS with card (\$40.00)
- AHA ACLS training with card (\$40.00)
- NAEMT PHTLS Course fees & card (\$40.00)
- NAEMT TECC Course fees & card (\$40.00, optional)
- NAEMT AMLS Course fees & card (\$40.00, Text Required for EMS 15)

### **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 (\$10.00 each)

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.

\_\_\_\_\_

Print 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 or work 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 or NURSE PRACTITIONER. 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:

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

Nurse Practitioner or Physician Name: \_\_\_\_\_

Nurse Practitioner or 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