



Paramedic Training Program

Application Package *Fall 2021*



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 18, 2021 (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

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:

I have taken the following health/medical classes:

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

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) OR Measles (rubeola) Mumps Rubella	1. _____ 2. _____ 1. _____ 2. _____ 1. _____ 1. _____	A. ___ Record of immunization OR 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