



201 Oak Street, Second Floor, Pembroke, MA, 02359

Office: (877) 385-EMTS or (781) 826-2011 Fax: (781) 826-8812

In order to be accepted into this program student participants must be able to complete the following Admission requirements:

1. Successfully complete all initial evaluations required in the **Platinum EMS Testing** program (provided upon submission of application and fee)
  - a. Reading Level Evaluation
  - b. Paramedic Course Entry Assessment (80% Passing grade for acceptance)
  - c. Math Assessment (80% Passing grade for acceptance)
  - d. Testing Anxiety Assessment
  - e. Personal Motivational Assessment
  - f. Learning Style Assessment
2. Have a High School Diploma or GED.
3. Hold a current certification as an **EMT Basic** or **Advanced EMT** and hold a current **BLS Health Care Provider** card. Copies of these cards **MUST** accompany the application.
4. A copy of the student's current health insurance card or certificate must be submitted with the application.

5. Be in physical health to permit him/her to complete all portions of the training program. This shall include all didactic, laboratory, clinical rotations and field internships. In addition, students must meet the requirements of the document entitled:

## Description Of The Profession Paramedic

The Following is the **Description of the Profession for the Paramedic**. This description of the Profession provides the philosophy and rationale for the profession.

- A.** Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care their goal is to prevent and reduce mortality due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.
- B.** Paramedics possess the knowledge, skills, and attitudes consistent with the expectations of the public and the Profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.
- C.** Paramedics strive to maintain high quality yet a reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the paramedic will function as a facilitator of access to care, as well as an initial treatment provider.
- D.** Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation, and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active roll in professional and community organizations.

**All course admission criteria must be completed prior to acceptance into the program**



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Complete all **Competency Requirements** prior to attending clinical and field rotations.

Competency requirements **MUST** be maintained as **current** throughout the process of clinical and field rotations. Failure to do so will result in a suspension from clinical and or field rotations.

1. Successful completion of didactic & lab section of course.
2. All students shall have a titer (blood test) for the following diseases in order to determine immunity status:

**Measles, Mumps, Rubella**

**Hepatitis B**

**Varicella** (Chicken Pox)

**A letter from your physician or other health care provider is unacceptable. The only acceptable immunization record for this course is a titer for the specific antibodies noted above.**

3. The following tests will require legible, written verification of completion:

**Tetanus / Diphtheria** (within the past ten years); dates shall be clear and legible.

**Mantoux Testing** (tuberculosis testing); a negative result must be documented. The dates and results of the testing must be clear and legible. The process shall be the "two step" process only. If the student has tested positive for TB in the past, a chest X-Ray must be taken and a report from the student's physician must indicate a normal X-Ray. **This requirement shall be required on an annual basis from the date of the test results being read until the student completes all field internship requirements.**

4. Students may be required to submit to random drug testing and or a ten panel drug screening tests prior to beginning clinical rotations. Students shall bear the costs of this testing when required by the Program Director.

5. CORI and SORI evaluations.

6. Submission of documentation of a physical performed by the students' primary care physician. A form will be provided.

7. All above documentation shall be completed and provided to **EMTS, Inc.** prior to beginning clinical rotations.

**Costs associated with immunization requirements, drug screening and CORI/SORI screens and physicals shall be borne by the student.**

8. All Students must purchase Malpractice Insurance and submit the certificate of insurance prior to attending Clinical rotations. The student must maintain this insurance policy during clinical and field rotations. The student shall assure that the certificate remains valid and shall update EMTS, Inc. with a new certificate if the initial certificate expires. **No clinical or field rotations may be attended without a valid, current malpractice insurance certificate.**

# STATEMENT OF UNDERSTANDING



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I, \_\_\_\_\_ have read and understand the **Paramedic Course Admission Criteria** from **Emergency Medical Teaching Services, Inc.** together with the **Competency Requirements**. I agree to successfully complete all entry requirements and to provide the information and documentation required as specified. I agree that my failure to comply with these requirements and policies may result in my disqualification for consideration as a participant in the program or will result in my permanent removal from the Paramedic Training Program and the loss of any and all fees and tuition.

\_\_\_\_\_  
Student name (print)

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

\_\_\_\_\_  
Date