DIXIE STATE UNIVERSITY
EMERGENCY MEDICAL SERVICES: PARAMEDIC PROGRAM
CHECKLIST

DUE DATE: NOVEMBER 15th BY 4:00

Student ID: _______________________________ Date Submitted: _______________________________

Last Name __________________________________ First __________________________________

Phone: (______)______________________________ E-mail: _________________________________

The following information must be received prior to November 15th – no exceptions!

☐ DIXIE STATE UNIVERSITY ADMISSION PROCESS – COMPLETED
   ($35 fee & OFFICIAL Transcripts) Currently a student in good standing OR have completed the admission process.

☐ CURRENT EMT STATE CERTIFICATION – COPY OF CARD ATTACHED – Recommended but not Required
   EMT for a period of one year before submitting this application. If you have a certification from a state other than Utah, but plan on receiving a Utah Paramedic License, you will have to obtain reciprocity from the UT Bureau of EMS.

☐ TWO RECOMMENDATION FORMS – SEE BELOW
   If employed with an agency, both forms must be completed by Paramedic and/or Direct Supervisor. If not employed with an agency, at least one form must be completed by a direct supervisor, and one additional professional reference. No family references will be accepted. Applicant must not be present while forms are completed and sealed.

☐ PERSONAL LETTER
   All applicants should include a personal letter addressing why you want to be a Paramedic, how you feel you would be a good Paramedic, how long you have been certified in the EMS field, your perception of yourself in regards to integrity and any other pertinent information such as medical problems, drugs, etc.

☐ INTERVIEW
   Applicant must prepare to go through a personal interview and oral board with the EMS Selection Committee. The department secretary will contact you regarding the dates/times available. Each interview should last approximately 20 minutes, please plan accordingly.

☐ PREREQUISITE COURSE COMPLETION – Completed with a “C” or higher

<table>
<thead>
<tr>
<th>Course</th>
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<tbody>
<tr>
<td>HUMAN ANATOMY &amp; LAB (BIOL 2320/2325)</td>
</tr>
<tr>
<td>HUMAN PHYSIOLOGY &amp; LAB (BIOL 2420/2425)</td>
</tr>
<tr>
<td>INTRO TO WRITING (ENGL 1010)</td>
</tr>
<tr>
<td>TRANSITIONAL MATHEMATICS II (MATH 1000 or higher) or Math Placement score of 23 or higher</td>
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</table>

STUDENT ID: _________________________ LAST: _________________________ FIRST: _________________________
BACKGROUND SCREENING – Order through http://mystudentcheck.com Cost: $49.50
Print and submit (with this checklist) a receipt or confirmation email. Results will be sent directly to administrator within 3-5 business days. (May be done at the same time as the drug screen)

9 PANEL DRUG SCREEN – Order through http://mystudentcheck.com Cost: $46.00
Print and submit (with this checklist) a receipt or confirmation email. Results will be sent directly to administrator upon completion of drug screen. (May be done at the same as the background check)

FINGERPRINTS – Electronic fingerprints will be done by the EMS Department after class begins at no cost to EMS Students.

CPR CERTIFICATION – COPY OF CARD ATTACHED
Health Care Provider Level only! MUST include AED training. DSU holds classes.
Contact Arvilla McInnes to enroll: 435.879.4951 or Taylor Building, room 251
Acceptable certificates are AHA Healthcare Provider, Red Cross – Prof. Rescuer.

CHICKEN POX IMMUNIZATION Verification of 2 Immunizations (at least 28 days apart) or titer showing immunity.

HEPATITIS B SERIES (3) Must complete series of 3. Strongly recommended that all 3 be completed before program start. Minimum of 2 before program start – mandatory (4 weeks between 1st & 2nd, 6 months between 1st and 3rd).

INFLUENZA VACCINE (Required during flu season)

MMR (Measles, Mumps, Rubella) – Verification of 2 Immunizations or Titer showing immunity

TDaP IMMUNIZATION MUST include Pertussis. Adult TD or childhood DPT does not meet requirement.

TUBERCULOSIS – Proof of 2-Step Negative Skin test, Negative BAMT (blood test), Negative chest X-ray, or verification of prior treatment for TB. 2-Step TB is defined as a TB test result completed and then a second TB test completed at least 2 weeks later. Quantiferon test also acceptable.

Send Certified mail or deliver this application with all requested official documents/materials to:

Dixie State University
C/O Paramedic Program
ATTN: Arvilla McInnes
Taylor Health Science Bldg #251
225 S 700 E
St George, UT 84770

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ENTRANCE INTO THE PROGRAM.
1. Personal Information

<table>
<thead>
<tr>
<th>DSU Student Number</th>
<th>Social Security Number</th>
<th>Preferred Name</th>
<th>Birth Date</th>
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<th>Cell Phone</th>
<th>Other Phone</th>
<th>Email</th>
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2. Emergency Contact

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<tr>
<th>Name</th>
<th>Relationship</th>
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3. Program Application Requirements

- I am a student in good standing      OR      I am a transfer student and have completed the DSU admissions process
- I have enclosed SEALED OFFICIAL transcripts from all institutions
- I have enclosed a copy of my EMT/A-EMT Certification  Level:____________________ State:_________
  Expiration Date:_____________ Certification #:____________________ National Registry:____________________
- I have included the receipt of the $25 application fee paid to the cashier      OR      I have enclosed my personal letter
- I have enclosed 2 sealed recommendation forms filled out by Paramedic/Direct Supervisor
- I was not present when recommendations were completed and sealed, nor have I seen the comments

4. Related Work History (Starting with most recent)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Location</th>
<th>Position Held</th>
<th>Length</th>
<th>Type</th>
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</table>
I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I have carefully considered the mental and physical demands of the program and the pressure involved in undertaking responsibilities of being a full-time paramedic student. I am willing to arrange my life so I can successfully adapt to the demands of a rigorous Paramedic program.

Signature: ___________________________ Date: ___________________________
CONFIDENTIAL RECOMMENDATION FORM
DIXIE STATE UNIVERSITY
HEALTH SCIENCES PROGRAMS

ATTENTION APPLICANT!!

The evaluator MUST complete this form and seal it in the envelope provided. Instruct the evaluator to sign the sealed flap of the envelope and return it to you promptly. Please allow sufficient time for the evaluator to complete this form.

TO THE APPLICANT: Please complete this area ONLY!! (Please Print)

Applicant’s Name: ____________________________________________________________

Program: (please circle)  ADN  BSN  PHLB  SURG TECH  RAD TECH  EMS

Address: __________________________________________________ Phone: _________________________

“The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. Students are also permitted to waive their rights to access to recommendations.”

The following signed statement indicates the applicant’s wish regarding this recommendation:
I waive, _____ or do not waive _____ my right to see this form or any supplementary notes or letters pertaining to this reference form.

Applicant Signature ____________________________________________ Date:_________________________

****************************APPLICANT: DO NOT WRITE BELOW THIS LINE**************************

TO THE EVALUATOR:

You have been chosen as a reference in support of the applicant for one of the Dixie State University Health Sciences Programs. We are particularly interested in your appraisal of the applicant’s abilities and potential for education in a rigorous training program. Circle the number that is most characteristic of the applicant. Make any additional comments that you feel would be helpful in our evaluation. Seal it in the envelope provided. Sign your name across the flap and return it to the applicant promptly.

1. Problem Solving: Ability to identify and solve problems.
   1  2  3  4  5  6  7  8  9
   Very Poor  Satisfactory  Excellent

2. Sense of Responsibility: Ability to complete tasks, duties, and honors commitments.
   1  2  3  4  5  6  7  8  9
   Doesn’t Complete  Satisfactorily Completes  Always Completes
   Avoids Responsibility  Will Accept Responsibility  Accepts Responsibility

3. Maturity: Conducts self in a mature, adult manner.
   1  2  3  4  5  6  7  8  9
   Immature/Childish  Average  Mature/Adult Behavior

4. Attitude: Based upon your experience, what type of attitude does the applicant project toward life, school, job, etc.?
   1  2  3  4  5  6  7  8  9
   Very Negative  Average  Very Positive

5. Caring Attitude: Does the applicant show genuine concern and care for others?
   1  2  3  4  5  6  7  8  9
   Very Little  Average  Exceptional

STUDENT ID: ___________________  LAST: _________________________  FIRST: _________________________
6. Anxiety Level: Ability to deal with stressful, anxiety-producing situations.

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<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td>Poorly/Ineffective</td>
<td>Average</td>
<td>Excellent</td>
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7. Motivation: Extent to which individual applies self.

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<tbody>
<tr>
<td>Uninspired</td>
<td>Average</td>
<td>Self-Starter/Hard Worker</td>
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8. Appearance: Extent to which the applicant’s standard of appearance is met.

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<th>9</th>
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</thead>
<tbody>
<tr>
<td>Untidy</td>
<td>Average</td>
<td>Well Groomed Appearance</td>
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9. Confidence/Flexibility: Extent to which the applicant accepts constructive critique and considers others points of view.

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<tbody>
<tr>
<td>Resents/Rejects</td>
<td>Average</td>
<td>Seeks, Utilizes &amp; Responds Effectively</td>
<td></td>
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10. Communication Skills: Ability to communicate with peers, co-workers, teachers, etc.

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<tbody>
<tr>
<td>Expresses Self Poorly</td>
<td>Average</td>
<td>Excellent Expression/Fluent</td>
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11. Integrity: Extent to which the applicant displays an ethical code.

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<tbody>
<tr>
<td>Cheats/Untruthful</td>
<td>Average</td>
<td>Always Honest/Trustworthy</td>
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12. Interpersonal Relationships: Ability to cooperate and get along with peers, co-workers, teachers, employers, etc.

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<th>6</th>
<th>7</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate Behavior</td>
<td>Satisfactory</td>
<td>Outstanding Ability To Work Well With Others</td>
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13. Absenteeism/Punctuality: Extent to which the applicant’s absenteeism and punctuality affects performance.

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</thead>
<tbody>
<tr>
<td>Interferes With Performance</td>
<td>Average</td>
<td>Almost Never Interferes</td>
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OVERALL RECOMMENDATION:

☐ I highly recommend this applicant for the program being applied for.
☐ I recommend this applicant for the program being applied for.
☐ I do not recommend this applicant for the program being applied for.

******************************************************************************

COMMENTS: (Please Print) May attach additional page(s) if necessary.

--------------------------------------------------------------------------------

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Thank you for your participation. Please return this form to the applicant promptly in a sealed and signed envelope. This signature will be used to verify your original signature on the envelope.

--------------------------------------------------------------------------------

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EVALUATOR INFORMATION: (Please Print)

Evaluator's Name:____________________________________ Phone:____________________

Title:_________________________________________ Employer/Agency:____________________

Length of time you have known applicant:__________________ Capacity:____________________

Signature:________________________________________ Date:__________________________