

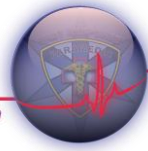
FAST RESPONSE SCHOOL OF HEALTH CARE EDUCATION



PARAMEDIC CERTIFICATE PROGRAM APPLICATION

*REVISED JANUARY 4, 2016
VALID FOR 2016 PROGRAMS*

FAST RESPONSE SAFETY TRAINING CENTER, INC.
2075 ALLSTON WAY, SUITE B • BERKELEY, CA 94704
(800) 637-7387 • INFO@FASTRESPONSE.ORG • WWW.FASTRESPONSE.ORG



PARAMEDIC ACADEMY APPLICATION INSTRUCTIONS TO CANDIDATE

Dear Future Paramedic,

Thank you for your interest in the Fast Response School of Health Care Education Paramedic Academy.

Our Paramedic Academy is devoted to developing highly-skilled, well-educated, compassionate and critically thinking prehospital care providers. We will accomplish this goal by utilizing various classroom techniques and activities, and providing both a comprehensive Clinical Experience and a comprehensive Field Internship. In the classroom, the students can expect to not only learn paramedic content, but also participate in discussions, present new research to their classmates, work through patient care scenarios both verbally and on a high-fidelity manikin, and critically analyze their own and their classmates' performance. This Socratic learning environment, which is student-based and scenario-driven, engages students as active partners in the educational process and builds upon previously gained EMS work experience.

Our Paramedic program meets and exceeds the 2009 National Emergency Medical Services (EMS) Educational Standards, the California Code of Regulations Title 22 and the National Registry of Emergency Medical Technicians (NREMT) requirements, and ensures achievement of entry-level competencies through necessary coursework and skills required of Paramedics. We are approved by the Bureau of Private Postsecondary Education (BPPE), the State of California and the County of Alameda to provide Paramedic education. Additionally, Fast Response has been granted a "Letter of Review" from Committee on Accreditation of Education Programs for the Emergency Medical Services Professions CoAEMSP. Under the authority of this Letter of Review, the Paramedic program graduates will be eligible to sit for the National Registry of Emergency Medical Technicians (NREMT) Paramedic certification examination.

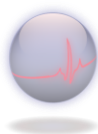
The Program is divided into three phases: **Didactic** (lecture/practical), **Clinical Experience** (in-hospital) and **Field Internship** (assigned to an active paramedic provider).

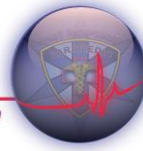
Prehospital medicine is rapidly becoming more technology-driven. As our student, you will be provided with a tablet to view digital media, test your comprehension, and digitally track patient contacts. All of our classrooms are Wi-Fi enabled. The students in the Paramedic Academy will practice their skills on a high-fidelity manikin in a simulation lab with digital video instant replay.

In the following pages, you will find instructions to complete the application process. If you have any questions or need assistance applying, please contact Tova Hill at (510) 809-3650 or thill@fastresponse.org

Once again, thank you for the interest our Paramedic Academy and we look forward to receiving your application.

Lisa Dubnoff, BS, MICP/RN
Paramedic Program Director
Fast Response School of Healthcare Education





PARAMEDIC ACADEMY APPLICATION INSTRUCTIONS TO CANDIDATE

ADMISSIONS PROCEDURES AND APPLICATION INSTRUCTIONS

Application Process

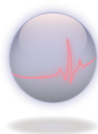
Pay close attention to all deadlines – submissions will not be accepted after the deadline.

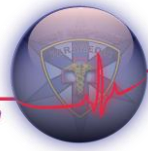
General Admissions Criteria

Candidates for the Paramedic Academy must meet the following criteria:

- Proof of age – Must be 18 by the date of candidate's selected Academy start;
- Proof of legal ability to work in the United States;
- Proof of minimum education requirements:
 - High school diploma, official High School Transcripts showing successful completion, GED, or Official college transcripts;
- Copy of current EMT Certification and Health Care Provider CPR card;
- No fewer than 1040 verified hours of EMT or healthcare work experience;
- A score of 20 or greater on the Criteria Cognitive Aptitude Test entrance exam (CCAT);
- Successful completion of FISDAP Entrance Exam – additional fee required
- Successful completion of all prerequisite requirements.

1 June 2016	Application Deadline
1 June 2016	Academy Testing (Entrance Exams) Deadline
1 June 2016	Supplemental Application Material Submission Deadline
25 May 2016	Application Deadline for Paramedics Plus Scholarship Applicants
As applications come in	Oral Boards – By Invitation Only
1 June 2016	Paramedics Plus Scholarship Notification
8 June 2016	Primary Successful Candidate Notification for Academy A06 Selection
20 June 2016 – 27 July 2016	Anatomy & Physiology Course (Required if no college A&P) Cost: \$450.00
No later than August 1st	Enrollment and down payment due
8 August 2016	Academy A06 Expectations and Orientation with CPR
22 August 2016	Academy A06 Start Date (all immunizations due)





PARAMEDIC ACADEMY APPLICATION INSTRUCTIONS TO CANDIDATE

ADMISSIONS PROCEDURES AND APPLICATION INSTRUCTIONS

STEP 1 – APPLICATION SUBMISSION

Applications for each Academy are accepted until the Application Deadline ends. Applications received for an Academy after the Application Deadline ends, may not be considered.

Before being considered for the Oral Boards, all Academy candidates must complete Step 1 and Step 2 of the application procedure. Explanations of these requirements are outlined below.

Academy Application

The Academy Application is five (5) pages in total. The application must be completed in its entirety and submitted along with all required supplemental documents. The exception to this is documents which require submission from a third-party.

Along with the Academy Application, candidates must submit the following:

- ☐ Resume;
- ☐ Copy of government issued identification (Drivers' License, Passport, etc.);
- ☐ Copy of high school or GED Diploma;
- ☐ Copy of college degree or official transcripts;
- ☐ Copy of current healthcare provider CPR card;
- ☐ Copy of current EMT card (CA State or NREMT);
- ☐ Application Essay;
- ☐ Military DD214 if requesting Veteran's preference;
- ☐ Verification of Work Experience Form(s)

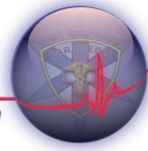
Verification of Work Experience

All candidates are required to provide proof of at least 1040 hours (6 months), full-time equivalent, EMT or comparable experience. This experience does not need to come from a single provider or position, but all experience must be verified. Verification must be presented on the provided work verification form and possess an original signature from the supervisor completing the form.

Letters of Recommendation (Optional)

Applicants have the option to submit supplementary letters of recommendation, which should be mailed directly to the Academy from professional sources. Letters may not be from family members. Preferred sources include MD, DO, PA-C, RN, Paramedic, or a former professor. Letters should come from individuals who are familiar with the applicant's medical experience, patient care experience, and work performance and/or study habits. There will be no penalty for not submitting letters of recommendation, however, letters or recommendation will make your application more competitive.





PARAMEDIC ACADEMY APPLICATION INSTRUCTIONS TO CANDIDATE

STEP 2 –ENTRANCE EXAMINATIONS

All Paramedic Academy candidates will be required to successfully pass the School's entrance examination. The School utilizes the Criteria Corps CCAT Exam which is a fifteen-minute, fifty-question test used to assess the aptitude of prospective students for learning and problem-solving in a range of occupations. The score is calculated as the number of correct answers given in the allotted time. A score of 20 is intended to indicate average intelligence (corresponding to an intelligence quotient of 100). Candidates must achieve a minimum score of 20 to move on to the Fisdap exam, If the applicant scores below a 15 or lower, the applicant will be dismissed from the applicant process. If the applicant scores between a 16 and a 19, the applicant will have the option to take the test on a later date.

The Fisdap is designed to evaluate EMTs in both cognitive and professional/behavioral areas. The test is meant to determine which students will be most likely to succeed in a paramedic education program. It covers four basic areas: Anatomy and Physiology, Math, Reading Comprehension and EMT skills. The test is approximately 150 multiple-choice questions. Candidates will have no more than 2 hours to complete it, without the use of a calculator or cell phone. Candidates will be required to pay \$24 prior to taking the exam.

STEP 3 – ORAL BOARDS

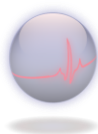
Based on a pre-designated point system, the top 50 ranking applicants will be invited to participate in the oral boards for the upcoming Paramedic Academy.

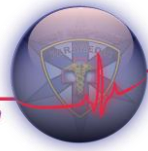
The oral board interview panel will consider the following: the candidate's ability to present themselves in a professional manner, the candidate's overall knowledge of relevant medical information, the candidate's ability to verbally communicate, the candidate's understanding of the Paramedics' scope of practice and the candidate's plan for their successful participation as a Paramedic Academy student. The interview will last approximately 30 minutes.

STEP 4 – ACADEMY SELECTION, NOTIFICATION, AND ENROLLMENT Selection

After all submissions have been scored objectively, the top 24 candidates will be identified and notified by the Paramedic Academy Program Coordinator. Candidates who wish to enroll into the academy must proceed through the School's Paramedic Academy Enrollment and Financial process.

A wait-list will be compiled of candidates whose scores rank them as candidate number 25-34; these candidates will be notified that they have been placed on the wait list and, if for any reason, any of the original 24 candidates are unable to fulfill the requirements for enrollment, the wait-list will be enacted, in order of rank of points.





PARAMEDIC ACADEMY APPLICATION INSTRUCTIONS TO CANDIDATE

Once selected, applicants will be given information regarding uniform and textbook requirements.

Enrollment

Paramedic candidates who have been offered a position in the Paramedic Academy must complete the enrollment process to be admitted to the School and Paramedic Academy.

All candidates will be required to attend the Program Expectations and Orientation.

Candidates will be required to complete the School's enrollment and financial agreements.

Students must be prepared to make an initial financial installment for their program during this session. Tuition and fees are outlined in the Fast Response Paramedic Academy Application and the Fast Response Paramedic Academy Catalog. Students are required to pay for all non-refundable fees and the down payment amount prior to Expectations and Orientation. The remaining tuition will be divided into monthly payments.

Prior to the first day of class, all students will need to complete and submit all required immunizations and drug screening results.

Students will also need to complete Step 5, the Fast Response Anatomy & Physiology course, or need to supply transcripts that prove they've completed a college Anatomy and Physiology course within the last two years. Background checks will be performed by the school.

STEP 5 - ANATOMY AND PHYSIOLOGY COURSE

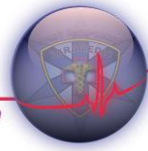
The purpose of the Anatomy and Physiology (A&P) prerequisite course is to deliver a comprehensive theoretical foundation and medical terminology of the human body systems to the paramedic program candidate in comparable to what they will encounter during their didactic portion of the Paramedic Academy. Successful completion of this prerequisite will raise the candidate's cognitive level to that of a better prepared beginning paramedic student, and will verify the candidate's ability to cope with the rigors of the School's Paramedic Academy.

All Paramedic Academy candidates who have not completed a Collegiate Level A&P course must complete this course.

Applicants who have completed a college level A&P course within the last 2 years may forgo the A&P course by submitting college transcripts to Fast Response. It is still strongly suggested that all paramedic applicants take our A&P class to be prepared for the Paramedic Academy.

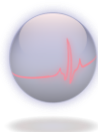
Sections of this course may be held in an online format. All students must have online access and the ability to complete assignments autonomously. Intermittent quizzes

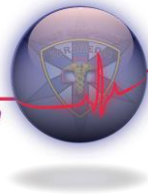




PARAMEDIC ACADEMY APPLICATION INSTRUCTIONS TO CANDIDATE

will be given as formative assessments to ensure that each student is advancing sufficiently within the course.





FAST RESPONSE SCHOOL OF HEALTH CARE EDUCATION

Paramedic Academy Tuition

Tuition and Fees

Registration Fee	\$ 250.00	Non-Refundable
Background Check	\$ 200.00	Non-Refundable after the first day of class
Insurance	\$ 250.00	Non-Refundable after the first day of class
Supplies	\$ 1,845.00	Textbooks, Tablet, T-shirt, etc.
Uniform	\$ 49.00	Patches – Uniform Purchased separately – <u>Required to attend</u> \$ 11.81 per Clock Hour; Didactic, Certifications, Observations, NREMT Test Prep
Tuition	\$ 9,601.00	
Clinical Externship	\$ 300.00	Non-Refundable after last day of didactic
Field Internship	\$ 500.00	Non-Refundable after last day of clinical externship
STRF	\$ 0.00	Non-Refundable (\$0.00 for every \$1000.00, rounded to the nearest \$1000.00.)
Total	\$ 12,995.00	

- Students will discuss payment plans with the Finance department.
- A credit check will be required for students wishing to set up a monthly payment plan. There is a \$10 processing fee for the credit check.
- Please note, you will not be cleared to test for NREMT until your tuition is paid in full.

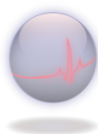
Students will be required to pay a minimum deposit of \$2,500.00

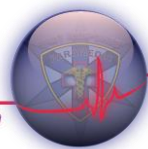
Additional funding

- American General Finance www.agfinance.com
- Vocational Rehabilitation

Additional Costs: These will be incurred by the student and are required by the external sites.

- FISDAP entrance exam - \$24.00
- Arranged Internship/preceptor - \$900.00 and up depending on internship location
- NREMT Examination - \$110.00 for written exam plus additional fees for practical skills exam
- Live Scan - \$69.00 (additional \$50.00 for DMV Live Scan, if needed)
- Drug Screen - \$55.00
- Uniform - approximately \$200.00 for full uniform (shirt, pants, boots, belt, nameplate)
- Immunizations - as needed

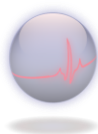




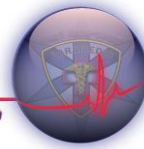
Externship Requirements Immunizations and Drug Screening

REQUIREMENTS:

Physical Exam	<ul style="list-style-type: none">Completed DL-51 form <u>-OR-</u>Completed Medical Examiner's Certificate <u>-OR-</u>Statement from doctor/nurse saying student is healthy, including vision					
Measles (Rubeola)	<ul style="list-style-type: none">Vaccine (2 doses) <u>-OR-</u>Positive titer					
Mumps	<ul style="list-style-type: none">Vaccine (2 doses) <u>-OR-</u>Positive titer					
Rubella	<ul style="list-style-type: none">Vaccine (2 doses) <u>-OR-</u>Positive titer					
Tetanus (Tdap)	<ul style="list-style-type: none">Tdap vaccine within 8 years of externship					
Tuberculosis (TB)	<ul style="list-style-type: none">Two (2) negative skin tests (one within 1 month of first day of class AND one within 12 months of externship) <u>-OR-</u>Negative chest x-ray within 12 months of externship <u>-OR-</u>Negative blood test within 12 months of externship					
Hepatitis B	<ul style="list-style-type: none">Vaccine (3 doses) <u>-OR-</u>Positive titer <u>-OR-</u>Negative titer AND first two doses of vaccine					
Varicella (Chicken Pox)	<ul style="list-style-type: none">Vaccine (2 doses) <u>-OR-</u>Positive titer					
Influenza	<ul style="list-style-type: none">Flu vaccine from current season (required for externships between September 1 and March 30)					
10-panel Drug Screening (must be within 6 months of externship) Performed ON CAMPUS by an independent screening agency	To Search for the following: <table><tr><td><ul style="list-style-type: none">CocaineBarbituratesAmphetaminesCannabinoids</td><td><ul style="list-style-type: none">OpiatesBenzodiazepinesPhencyclidine</td><td><ul style="list-style-type: none">MethadoneMDMAOxycodone</td></tr></table>			<ul style="list-style-type: none">CocaineBarbituratesAmphetaminesCannabinoids	<ul style="list-style-type: none">OpiatesBenzodiazepinesPhencyclidine	<ul style="list-style-type: none">MethadoneMDMAOxycodone
<ul style="list-style-type: none">CocaineBarbituratesAmphetaminesCannabinoids	<ul style="list-style-type: none">OpiatesBenzodiazepinesPhencyclidine	<ul style="list-style-type: none">MethadoneMDMAOxycodone				
Airborne Exposure	<ul style="list-style-type: none">Respirator Fit Test (P100)					



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PT:



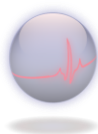
PARAMEDIC ACADEMY APPLICATION

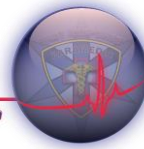
APPLICANT ID: _____

PT: _____

EDUCATION This section must be completed even if accompanied by a resume. List all schools attended; attach additional pages if more space is needed. Transcripts from all schools attended and copies of all certificates, diplomas, or degrees must be attached to this application.

School	Dates	Status	Certificate/Diploma/Degree
High School: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Years/units completed: _____ Currently enrolled <input type="checkbox"/> Y <input type="checkbox"/> N Date graduated: _____ GPA: _____	Major: _____ Check One: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>
EMT School: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Years/units completed: _____ Currently enrolled <input type="checkbox"/> Y <input type="checkbox"/> N Date graduated: _____ GPA: _____	Major: _____ Check One: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>
Tech School: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Years/units completed: _____ Currently enrolled <input type="checkbox"/> Y <input type="checkbox"/> N Date graduated: _____ GPA: _____	Major: _____ Check One: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>
College: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Years/units completed: _____ Currently enrolled <input type="checkbox"/> Y <input type="checkbox"/> N Date graduated: _____ GPA: _____	Major: _____ Check One: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>
College: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Years/units completed: _____ Currently enrolled <input type="checkbox"/> Y <input type="checkbox"/> N Date graduated: _____ GPA: _____	Major: _____ Check One: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>
Other: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Years/units completed: _____ Currently enrolled <input type="checkbox"/> Y <input type="checkbox"/> N Date graduated: _____ GPA: _____	Major: _____ Check One: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>





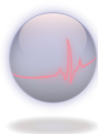
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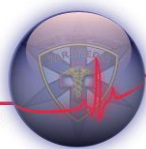
APPLICANT ID: _____

PT: _____

EMPLOYMENT *This section must be completed even if accompanied by a resume. List most recent employers first. Include all employment, military service, and volunteer service since completing high school or equivalent.*

Employer	Dates	Position	Termination of Employment
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Title: _____ Duties: _____ _____ Hours/Week: _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Lay Off <input type="checkbox"/> Current Emp. Reason: _____
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Title: _____ Duties: _____ _____ Hours/Week: _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Lay Off <input type="checkbox"/> Current Emp. Reason: _____
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Title: _____ Duties: _____ _____ Hours/Week: _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Lay Off <input type="checkbox"/> Current Emp. Reason: _____
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Title: _____ Duties: _____ _____ Hours/Week: _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Lay Off <input type="checkbox"/> Current Emp. Reason: _____
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: () -	From: _____ To: _____	Title: _____ Duties: _____ _____ Hours/Week: _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Lay Off <input type="checkbox"/> Current Emp. Reason: _____





PARAMEDIC ACADEMY APPLICATION

APPLICANT ID: _____

PT: _____

CERTIFICATION / LICENSURE DOCUMENTATION

Please check off all of the following classes or experiences that you have either completed or participated in. You must attach the appropriate course completion cards or certificates of course completion to receive points during your application review.

Credit for the Teaching/Leadership section can only be awarded with documentation of responsibilities and experience by the agency where they were performed.

Certifications

- | | |
|--|------------|
| <input type="checkbox"/> EMT Emergency Medical Technician | Exp: _____ |
| <input type="checkbox"/> CPR AHA Healthcare Provider | Exp: _____ |
| <input type="checkbox"/> ACLS AHA Advanced Cardiac Life Support | Exp: _____ |
| <input type="checkbox"/> PALS AHA Pediatric Advanced Life Support | Exp: _____ |
| <input type="checkbox"/> PEPP AAP Pediatric Ed. for the Prehospital Provider | Exp: _____ |
| <input type="checkbox"/> NRP AAP Neonatal Resuscitation Program | Exp: _____ |
| <input type="checkbox"/> ITLS International Trauma Life Support | Exp: _____ |
| <input type="checkbox"/> PHTLS NAEMT Prehospital Trauma Life Support | Exp: _____ |
| <input type="checkbox"/> ECG Basic Recognition Course | Exp: _____ |
| <input type="checkbox"/> ECG 12-Lead / STEMI Course | Exp: _____ |
| <input type="checkbox"/> EMPACT | Exp: _____ |
| <input type="checkbox"/> GEMS | Exp: _____ |
| <input type="checkbox"/> AMLS Advanced Medical Life Support | Exp: _____ |
| <input type="checkbox"/> FEMA/NIMS ICS 100 | Exp: _____ |
| <input type="checkbox"/> FEMA/NIMS ICS 200 | Exp: _____ |
| <input type="checkbox"/> FEMA/NIMS ICS 700 | Exp: _____ |
| <input type="checkbox"/> Other: _____ | Exp: _____ |
| <input type="checkbox"/> Other: _____ | Exp: _____ |
| <input type="checkbox"/> Other: _____ | Exp: _____ |
| <input type="checkbox"/> Other: _____ | Exp: _____ |

Leadership/Teaching:

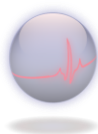
- | |
|---|
| <input type="checkbox"/> EMT Didactic/Skills Instructor |
| <input type="checkbox"/> CEU Instructor - Discipline: _____ |
| <input type="checkbox"/> Volunteer: _____ |
| <input type="checkbox"/> FTO/Supervisor: _____ |
| <input type="checkbox"/> Other: _____ |

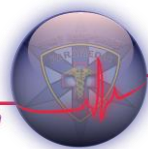
Postsecondary - Technical

- | | |
|--|-------------|
| <input type="checkbox"/> Phlebotomy | Date: _____ |
| <input type="checkbox"/> Medical Assistant | Date: _____ |
| <input type="checkbox"/> ER TECH: | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |

Postsecondary - Collegiate

- | | |
|---|-------------|
| <input type="checkbox"/> Medical Terminology | Date: _____ |
| <input type="checkbox"/> College Level Anatomy | Date: _____ |
| <input type="checkbox"/> College Level Physiology | Date: _____ |
| <input type="checkbox"/> College Level Biology | Date: _____ |
| <input type="checkbox"/> College Level Chemistry | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |





PARAMEDIC ACADEMY APPLICATION

APPLICANT ID: _____

PT: _____

CERTIFICATION / LICENSURE VERIFICATION AND ACTION

Will your AHA Healthcare Provider CPR card be current the start date of your selected Academy? Yes ☐ No ☐

Will your CA EMT Certification be current the start date of your selected Academy? Yes ☐ No ☐

Will your NREMT EMT-B Certification be current the start date of your selected Academy? Yes ☐ No ☐

Have you ever had any action taken against your certification or license? Yes ☐ No ☐

If yes, explain: _____

PROGRAM DEMOGRAPHICS

How did you find out about the Fast Response Paramedic Academy?

(Please mark all that apply and indicate the name of your source.)

☐ Fast Response Website: _____ ☐ Web Search; Engine: _____

☐ Email from Academy; From: _____ ☐ Current Academy Employee: _____

☐ Paramedic Academy Alumni: _____ ☐ Current Student: _____

☐ Department/Company: _____ ☐ Flyer; seen at: _____

☐ CA EMSA Website: _____ ☐ NAEMSE Website: _____

☐ EMS Journal or Website: _____ ☐ NAEMT Website: _____

☐ Other: _____ ☐ Trade Journal or Website: _____

I understand that an offer to enter the Fast Response Paramedic Academy is, at all times, pending the verification of data claimed by submission of this application and supplemental documentation.

I agree to comply with all the Paramedic program rules, policies, standards, and/or procedures applicable to my acceptance into the Fast Response Paramedic Academy.

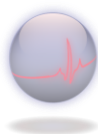
I authorize Fast Response School of Health Care Education to conduct or have conducted relevant law enforcement-related checks, reference checks, and education verification.

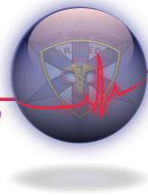
I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact may disqualify me from eligibility for the Fast Response Paramedic Academy.

Print Name

Signature

Date





PARAMEDIC ACADEMY APPLICATION

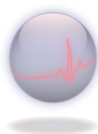
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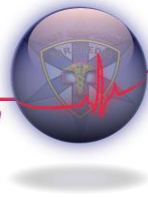
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Essay: Utilize this form to submit your essay or attach typed pages.

In order to be considered for admission into the Paramedic Academy, an essay of 500-1000 words must be submitted. The essay should include your reasons for wanting to become a Paramedic, your expectations for working in the field of paramedicine, and your plans for your own success in the Paramedic Academy. Discuss your own personal strengths and challenges and your career plans after the completion of the Academy.

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PARAMEDIC ACADEMY APPLICATION

APPLICANT ID:

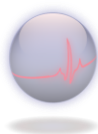
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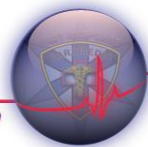
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Printed Name

Signature

Date



**EMT WORK VERIFICATION FORM****DIRECTIONS FOR THE APPLICANT:**

Please complete the information below and submit this form to the person who will provide a work verification form for you.

Provide the evaluator an envelope addressed to:

Paramedic Academy Applications
Fast Response School of Health Care Education
2075 Allston Way
Berkeley, CA 94704

This form is to be sent directly to the Paramedic Academy from the evaluator.

Program you are applying for:

APP ID:

PT:

Applicant Name:

Last

First

Middle

Signature:

Date:

DIRECTIONS FOR THE SUPERVISOR/HUMAN RESOURCES ADMINISTRATOR:

The individual above has applied to the Fast Response Paramedic Academy. Please complete the section below to verify the applicant's work experience. The applicant's signature permits release of this information. When complete, please mail directly to Fast Response in the envelope provided by the Applicant.

Company Name:

Company Mailing Address

Supervisor/Administrator Name

City State Zip Code

Telephone Number Email Address

Dates of Employment (full-time)

From

(mm/yy)

To (mm/yy)

Average Number of Hours Worked per Week

Dates of Employment (part-time)

From

(mm/yy)

To (mm/yy)

Average Number of Hours Worked per Week

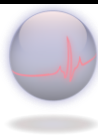
Participates in patient care ☐ Yes ☐ No

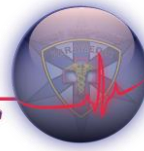
Performance is/was satisfactory

☐ Yes ☐ No

Supervisor/Administrator Signature

Date





PARAMEDIC ACADEMY APPLICANT REFERENCE FORM

Applicant ID: _____
PT: _____

DIRECTIONS FOR THE APPLICANT:

Please complete the information below and submit this form to the person who is evaluating you:
Provide the evaluator with an envelope addressed to:

Paramedic Academy Applications
Fast Response School of Health Care Education
2075 Allston Way
Berkeley, CA 94704

This form is to be sent directly to the Paramedic Academy Coordinator from the evaluator.

Applicant
Name

Last

First

Middle

Applicant Mailing
Address

Apt

Zip

City

State

Code

Home

Mobile

Telephone

Telephone

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to Letters of Recommendation in their student files. The opportunity to waive one's right to inspect such letters is also provided by the law. Please indicate your wish by completing and signing the statement below. **Your right to review this form is considered waived if you do not indicate a response.**

I, the undersigned, hereby (☐ do, ☐ do not) waive my right of access to this Letter of Recommendation.

Signature

Date

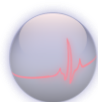
DIRECTIONS FOR THE EVALUATOR:

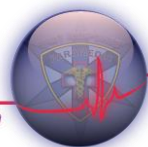
Please write a frank assessment of the applicant on the following two pages. When complete, please mail directly to:

Paramedic Academy Applications
Fast Response School of Health Care Education
2075 Allston Way
Berkeley, CA 94704

Your relationship to the applicant is that of:

- ☐ Employer ☐ Supervisor ☐ Teacher ☐ Commanding Officer ☐ Co-Worker
☐ Other:





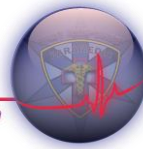
PARAMEDIC ACADEMY APPLICANT REFERENCE FORM

Applicant ID: _____
PT: _____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS
(Circle the number that describes the Applicant best)

Motivation/Drive: Dedication to his/her health career, extent to which the individual applies self.	Uninspired 1 2 3 4	Average 5 6 7	Self-Starter 8 9 10	PT
Intelligence: Learning capacity, comprehension, keenness, mental quickness	Doesn't Understand 1 2 3 4	Average 5 6 7	Learns Quickly 8 9 10	PT
Reliability: Capacity to finish tasks and duties on time and of good quality. Honors commitments.	Poor 1 2 3 4	Average 5 6 7	Exceptional 8 9 10	PT
Appearance: Neatness in person and dress, maintains a standard of professional appearance	Poorly Groomed 1 2 3 4	Average 5 6 7	Well-Groomed 8 9 10	PT
Cooperation/Attitude: Ability to work with other persons – good manners, attitude towards life, school, job, etc.	Negative 1 2 3 4	Average 5 6 7	Positive 8 9 10	PT
Patient Rapport: Congenial, considerate, likeable, understanding, sympathetic, kind toward those with problems.	Harsh/No Patience 1 2 3 4	Average 5 6 7	Gentle/Kind 8 9 10	PT
Adaptability/Creativity: Regarding varying situations and persons, open-mindedness.	Poor 1 2 3 4	Average 5 6 7	Exceptional 8 9 10	PT
Interpersonal Relationships: Concern for and gets along with others.	Inappropriate 1 2 3 4	Average 5 6 7	Exceptional 8 9 10	PT
Oral Communication: Grammatically correct, good diction, able to communicate ideas.	Poor 1 2 3 4	Average 5 6 7	Exceptional 8 9 10	PT
Written Communication: Grammatically correct, concise, able to communicate ideas.	Poor 1 2 3 4	Average 5 6 7	Exceptional 8 9 10	PT
Feedback: Reaction to feedback, incorporates into future actions/attitudes.	Resents 1 2 3 4	Average 5 6 7	Positive 8 9 10	PT
Problem Solving: Ability to identify and solve problems.	Poor 1 2 3 4	Average 5 6 7	Exceptional 8 9 10	PT
Stress/Anxiety Response: Deals with stressful and anxiety-producing situations.	Poor/Aggressive 1 2 3 4	Average 5 6 7	Exceptional/Calm 8 9 10	PT
Education: Seeks out and pursues education opportunities.	Does not pursue 1 2 3 4	Only As Required 5 6 7	Continual Learning 8 9 10	PT
Integrity: Extent to which the Applicant displays an ethical code of conduct.	Bluffs/Blames Others/Cheats 1 2 3 4	Average 5 6 7	Always Honest /Admits Errors 8 9 10	PT



**PARAMEDIC ACADEMY
APPLICANT REFERENCE FORM**

Applicant ID: _____

PT: _____

ADDITIONAL COMMENTS AND INFORMATION: Please provide additional comments on any of the above items and offer any information that you feel may be helpful in evaluating this applicant.

What do you consider to be the candidate's major strengths?

What do you consider to be the candidate's major challenges?

POTENTIAL DIFFICULTIES: Are you aware of any personal issues which may interfere with the applicant's ability to complete this training program satisfactorily? ☐ Yes ☐ No (If Yes, please explain)

SUMMARY RECOMMENDATION: ☐ I recommend this applicant **without reservation**
☐ I recommend this applicant
☐ I recommend this applicant **with reservations**
☐ I **would not recommend** this applicant

STATEMENT OF VERIFICATION

This reference form was completed by me personally, and it is my understanding that the information provided will be used only by the Fast Response School of Health Care Education Paramedic Academy and will be held in confidence. Further, I understand that the Applicant has a right to review this document.

ADDRESS	CITY/STATE	ZIP	PHONE NUMBER (EXT)
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NAME/TITLE	SIGNATURE	DATE
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If you have questions concerning this form, you may call the Paramedic Admissions Representative at 510.809.3656.

Mail Completed Form To: Paramedic Academy Applications
Fast Response School of Health Care Education
2075 Allston Way
Berkeley, CA 94704

