EMS 301 – Emergency Medical Services (EMS) Academy
Fall 2015 Application

APPLICATION DEADLINE: Friday, July 3rd 2015.
4:00 PM

All applications must be delivered to the Fire, Safety, and EMS Office located in Building-5 at the Lompoc Public Safety Training Complex by the deadline.

Fire, Safety and Emergency Medical Services
One Hancock Drive, Lompoc, CA 93436
Phone: (805) 735-3366, ext. 3282  Fax: (805) 737-1784
www.hancockcollege.edu
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APPLICATION GUIDELINES

COURSE INFORMATION
We will be accepting applications for the Emergency Medical Technician (EMT) 1A Basic Academy (EMS 301) as follows:

♦ EMS 300 – Introduction to Emergency Medical Services
   An exploration of the academic and interpersonal expectations required for successful completion of an entry-level EMS Academy training program as well as graduation requirements and eligibility for admittance to EMS 301. This course is a pre-requisite to EMS 301.

♦ EMS 301 - EMS Basic Academy 1A
   This semester length 6 unit course meets every Wednesday from 08:30am to 6:00pm in addition to four Monday evenings 6:00pm to 10:00pm. There is also an additional twenty-four hours of lab time performed in the hospital emergency departments and on an ambulance. We will make available a sign-up sheet that enables you to select your dates and times for the twenty-four hours in four blocks of 6 hours each. Enrollment is limited to 35.

♦ EMS 306 – CPR for Healthcare Providers
   This is a mandatory 8 hour (.5 unit) prerequisite course for all students accepted into the EMS Academy; regardless whether or not the student possesses a current CPR card. There will be one blocked EMS 306 course for all academy students on the Saturday immediately following the last day of EMS 300. The current edition book is MANDATORY and available at the bookstore.

Students accepted into Academy will be required in both EMS 300 and EMS 301 to have Internet for access to Blackboard to obtain class related handout material and take online exams.

COURSE DESCRIPTION
This beginning-level academy module meets the U.S. Department of Transportation EMT National Standard Curriculum for students desiring eligibility for certification. State certification as an EMT is mandated as the minimum level of emergency medical training required to work on any ambulance and for most fire departments. Uniform and other related materials will be required. This course may be repeated as often as necessary for the purpose of recertification.

APPLICANT ELIGIBILITY
Applicants are chosen based on their application, education and related work experience. If you have not yet begun your college education and/or do not have previous related experience, there is still a chance of being selected into the Academy.

Background Check (Directions for submitting a background check will be discussed in EMS 300)
There will be a $25 charge for a criminal background check upon written acceptance into the academy. This criminal background check is intended to meet the new Title-22 regulations from the State of California that regulate denial and revocation of EMT certifications. In addition to these state regulations, the college’s contracted supporting medical facilities and ambulance services are requiring students to submit to a criminal background check in order to complete the student’s clinical observation hours. Information on how to obtain a background check will be discussed in EMS 300.

Letters of Recommendation
Applicants will be required to submit two letters of recommendation included in the packet. These letters must be a professional recommendation and should substantiate, if applicable, any listed related work experience. Do not include letters of recommendation that have been written by family members or personal friends. Both letters should include the writer’s professional title, contact information, and signature.

TB Test (Due date and procedures will be discussed in EMS 300)
The tuberculosis (TB) test must have been conducted within the past year to remain valid. Note: If current applicants are Allan Hancock College (AHC) students they may use the healthcare services that are offered on campus for their TB test. These services will be on the main campus in the Student Health Services Center.

APPLICATION INSTRUCTIONS
Please HANDWRITE using black ink only. Neatly fill out the attached application and return it to our office on or before the due date. It is the applicant’s responsibility to ensure that all pertaining documents arrive with their application packet. Your placement in the academy will be determined upon review of your application and supporting documents. All supporting documents must be in your application package for you to be considered for the academy.

NOTE: Applications to the EMS Academy serve as a first impression. Please take the time to proof read your work and make sure the application in complete and all documents are included.

In the event numerous applications are submitted for the limited spaces available, the following criteria will be utilized to determine preference ranking:

♦ Education in both medical related courses and college level degrees.
♦ Related work experience, both paid and volunteer. To get credit for related work experience, proof of job description and dates worked must be submitted.
♦ Prior military service
♦ Responses to essay questions will be assessed based on; thought, completeness, grammar, spelling, and neatness.

The most qualified applicants based upon evaluation of their work experience, education, related experience, and essay responses will be admitted.

All applicants, accepted or declined, will be notified via email within one week after the application deadline. A valid email account and telephone number must be provided along with your H#. Once you enroll in AHC you will be given an email account and student ID H#. Please keep checking into you’re my.hancockcollege.edu email. EMS 300 and 301 are blocked so you may only enroll after the enrollment process has been completed and you are notified by an AHC representative.

A COMPLETE APPLICATION PACKET SHOULD INCLUDE:

☐ Application
☐ Acknowledgment and Assumption of Potential Risk
☐ Medical Questionnaire
☐ Tell Us about You
☐ Two letters of recommendation
☐ Copy of official or unofficial transcripts (high school and/or college)
☐ Declaration of Criminal History
☐ Verification of related work (if applicable)

Note: Please turn in Pages 5-10 and all supporting documents with packet.

Deliver application to: One Hancock Drive, Lompoc. Building 5 OR Mail application packet to:

Tina Middleton / Douglas Browand
Fire, Safety and Emergency Medical Services
Lompoc Valley Center-PSTC
One Hancock Drive
Lompoc, CA 93436
tperalez@hancockcollege.edu or dbrowand@hancockcollege.edu
Allan Hancock College
2015 Emergency Medical Services Academy Application

PRINT IN BLACK INK ONLY

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<tr>
<th>*Applicant’s Name</th>
<th>* Phone – Home</th>
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<table>
<thead>
<tr>
<th>*Address</th>
<th>* Phone – Cell</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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<tr>
<th>*Email Address</th>
<th>*H#</th>
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H# and a myHancock email are issued to you after enrollment to Allan Hancock College.
*You must fill in all fields. They are mandatory.

EDUCATION:

- □ Semester Units
- □ Quarter Units
- Cumulative GPA_____________

(Completed units only)

Degree Completed:  
- □ AA
- □ AS
- □ Baccalaureate
- □ Masters
- □ Other

Date Completed_________  
Major_____________  
School_________________

Note: You must attach your official or unofficial transcripts for your education to be considered.

RELATED EXPERIENCE (must provide proof of experience and dates worked/volunteered):

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Certificates relating to EMS: (only those attached copies will be considered)

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

I understand that falsification of this application or any submitted materials can result in disqualification from attending this academy. I also understand that this application and its contents will not be returned.

Applicant’s signature_________________________________________________________  
Date________________________

*You must fill in all fields. They are mandatory.
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I,__________________________________________________________ wish to participate in the Allan Hancock Joint Community College District sponsored activities of Allan Hancock’s Emergency Medical Services Academy.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

1. sprains/strains 3. unconsciousness 5. paralysis 7. death
2. fractured bones 4. head/back injuries 6. loss of eyesight 8. communicable diseases

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me which is incidental to and/or associated with preparing for and/or participating in this activities.

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activities and the college will assume no liability for loss or injury resulting from my driving and any person driving a personal vehicle that is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements and the college assumes no responsibility or liability of any kind.

I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activities.

I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

______________________________________________         ______________________________
Student Signature                                                                      Date

______________________________________________         ______________________________
Parent’s Signature (if minor)                                                            Date

A signed ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.
Allan Hancock College EMS Academy
Declaration of Criminal History

Due to the passing of state laws regulating the certification of Emergency Medical Technicians in regards to criminal history along with consequent restrictions put on the college’s EMT students when conducting clinical observation time in a hospital or on an ambulance or other rescue unit, all EMT students are required to conduct and successfully pass a criminal background screening prior to attending the first day of the academy. The below listed criminal convictions are not only an obstacle in getting accepted into the EMS Academy, but will prove to be an equal obstacle in obtaining certification by the National Registry of EMTs as well as with the State of California.

Please check the following that apply to you:

- Repeated negligent acts
- Sexually related offenses
- Murder, attempted murder, or murder-for-hire
- Two (2) or more felonies
- Currently on probation or parole for any felony
- Having been convicted or released from incarnation within the past 15 years for manslaughter or involuntary manslaughter
- Two (2) misdemeanors within the last 5 years
- In the past seven (7) years having been involved in fraud or intent towards dishonesty for personal gain
- Addiction to, or the excessive use or misuse of alcoholic beverages, narcotics, dangerous drugs, or controlled substances

Important Note: Once the applicant has received a written acceptance into the academy, he or she will be required to submit a successful criminal background check. The process for completing your background check will be discussed in EMS 300. If in the event this background check reveals any of the criminal activities listed above that were not acknowledged in this application, the applicant will be immediately disqualified from the Academy. Please understand that passing a criminal background check to participate in the clinical observation phase of the EMS Academy does not in any way guarantee the student a criminal background clearance that would be accepted for EMT certification through the National Registry of EMTs, the CA EMS Authority, or the student’s local Emergency Medical Services Agency (EMSA).

I hereby certify, to the best of my knowledge and beliefs, all statements made in this document are true and correct. I am aware that perjury and willful false statements will subject me to being disqualified from attending the EMS Academy.

__________________________
Signature

__________________________
Date

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Emergency Medical Services Academy
Medical Questionnaire
(Please answer all questions in the spaces or boxes provided)

NAME: ___________________________ DATE OF BIRTH: ___________________________

ADDRESS: ___________________________ SEX: M _____ F _____

Street/Apt # ___________________________ E-MAIL: ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

PHONE # (work): ___________________________ (home) ___________________________

SOCIAL SECURITY#: XXX – XX -XXXX

SOCIAL HISTORY

Do you have any military background? YES □ NO □
If yes, what was your primary duty/specialty? ___________________________

Do you have any EMS background? YES □ NO □
If yes, please explain. ___________________________

Do you have a current valid driver’s license? YES □ NO □
License Number ___________________________ State ________ Expiration Date ________

Are there any restrictions/limitations on your driver’s license? YES □ NO □

Are you required to wear corrective lenses while driving? YES □ NO □

What is your primary language? ___________________________
Do you speak any other language(s)? ___________________________

Who should we contact in case of an emergency? ___________________________

MEDICAL HISTORY

Smoking History: □ Nonsmoker □ Current Smoker (how much) _______ □ Previous Smoker (how long) _______

Do you have any allergies? ___________________________

Are you on any medications? ___________________________

Do you have any history of the following? (If you answer yes to any of the following, please explain in the line provided. If more space is needed, use back sheet of paper.)

□ Yes □ No Cancer ___________________________
□ Yes □ No Diabetes ___________________________
□ Yes □ No High Blood Pressure ___________________________
□ Yes □ No Cardiac ___________________________
□ Yes □ No Phlebitis ___________________________
□ Yes □ No Liver Disease ___________________________
□ Yes □ No Peptic Ulcers ___________________________
□ Yes □ No Anemia ___________________________
□ Yes □ No Kidney Disease ___________________________
□ Yes □ No Asthma ___________________________
□ Yes □ No Epilepsy ___________________________
□ Yes □ No Glaucoma ___________________________
□ Yes □ No Thyroid Disease ___________________________
□ Yes □ No Orthopedic injuries ___________________________
□ Yes □ No Back Injuries ___________________________
□ Yes □ No Other ___________________________

Note: Physician’s clearance may be required. Students requiring rescue medications will be required to carry their medications at all times. (Example: Albuterol Inhaler or Epi-Pen)

_________________________ ___________________________
Signature Date
Tell Us about Yourself

1. Why should we select you for the Allan Hancock College EMS Academy?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. Cite two examples of working under pressure and how you dealt with them.
   1. ___________________________________________________________________________
      ___________________________________________________________________________
      ___________________________________________________________________________
      ___________________________________________________________________________
   2. ___________________________________________________________________________
      ___________________________________________________________________________
      ___________________________________________________________________________
      ___________________________________________________________________________

3. Describe your personality.
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

4. What are your outstanding strength(s)?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

5. What are your biggest weakness(es)?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
6. What one thing in your life would you change if you could and why?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

7. What are your three biggest accomplishments to date in your life?
1.____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2.____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3.____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

8. What do you consider to be ideal characteristics and attributes for an EMT to possess?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Thank you for taking the time to complete these questions. We hope by completing this it will also give you some “food for thought.”

Sincerely,
Michael V. Messina EMT-P
EMS Program Coordinator