

# IMPERIAL VALLEY COLLEGE

Health & Public Safety  
Emergency Medical Services  
380 E. Aten Road, Imperial, California 92251  
Phone: (760) 355-6483 \* Fax: (760) 355-6346



## \*\*PLEASE NOTE\*\*

During this time of IVC closure in keeping everyone safe. We are still taking Paramedic applications for the upcoming Fall semester (beginning mid Jan 2021 thru July 11<sup>th</sup> 2021).

### SUBMITTING YOUR PARAMEDIC APPLICATION (please following instructions below)

- **Paramedic Application:** **\*\* (Submit application to: [tricia.jones@imperial.edu](mailto:tricia.jones@imperial.edu) )\*\***
  - <https://www.imperial.edu/docs/paramedic-application-documents/8097-ivc-paramedic-application>
  - Download the application and save as a document (Example: John Doe - PARAMEDIC APP 2021)  
The application is fillable format and make sure to sign electronically where designated marked.
- **Personal Reference form is available at:**
  - <https://www.imperial.edu/docs/paramedic-application-documents/8095-paramedic-application-personal-reference-form>
- **Employer Reference Form is available:**
  - <https://www.imperial.edu/docs/paramedic-application-documents/8096-paramedic-application-supervisor-evaluation-form>

Thank you for your patients during this time.



Paramedic Applicant:

Thank you for your interest in the Paramedic Program at Imperial Valley College. Attached is the application packet. Please complete the information and return it with the required attachments to the EMS Office. Applications are accepted **starting January. The deadline for all applications is July 11.** Completed applications submitted will be reviewed, and selections for the next paramedic program will be made the end of **July**.

The IVC Paramedic Program will begin in the **Fall semester (August)**, and is contingent upon the minimum number of accepted applicants.

Fall	Winter	Spring	Summer	Fall
EMTP 200	EMTP 202	EMTP 204	EMTP 225	EMTP 235
		EMTP 206		EMTP 245

Completion of IVC's BIOL 090, Human Anatomy & Physiology for Health Occupations, or the equivalent or higher level Anatomy & Physiology, will be required of all students effective Fall semester. It will be necessary to confirm with the IVC Health and Public Safety's counselor

<p><b>Stella Orfanos-Woo, Program Counselor</b> Building 100; Phone: 760-355-6543; Email: <a href="mailto:stella.orfanos-woo@imperial.edu">stella.orfanos-woo@imperial.edu</a></p>	<p><b>Paige Lovitt, Program Counselor</b> Building 100; Phone: 760-355-6418; Email: <a href="mailto:paige.lovitt@imperial.edu">paige.lovitt@imperial.edu</a></p>
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If you have any questions, you may contact the EMS Office (760) 355-6483.

Respectfully,

Steve Holt, EMT-P, BS  
EMS Coordinator



Imperial Valley College  
Emergency Medical Services Training  
**PARAMEDIC PROGRAM - APPLICATION PROCESS**

**ALL** of the following **must** be completed and submitted with your application to the Paramedic Program. Your application **will not** be considered **without all** required materials.

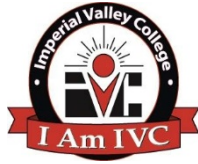
1. \_\_\_\_\_ Complete **application form**
2. \_\_\_\_\_ Complete **employer/supervisor evaluation form**
3. \_\_\_\_\_ Complete **personal reference form**
4. \_\_\_\_\_ Copy of current **BLS HCP CPR** course completion card. (American Heart Association).
5. \_\_\_\_\_ Copy of current **EMT-I or EMT-II certification card, or RN** license.
6. \_\_\_\_\_ Documentation regarding minimum of 1-year experience as an EMT-I, EMT-II, or ED RN. (Need employer memo to verify 1-year experience).
7. \_\_\_\_\_ A 1-2-page paper describing why you are a good candidate for paramedic training.
8. \_\_\_\_\_ Unofficial college transcripts with EMT-I, EMT-B, and/or EMT-II letter grade, IVC **WebSTAR** transcript copy also accepted for EMT-I, English, and Math.
9. \_\_\_\_\_ **High school or GED diploma copy.**
10. \_\_\_\_\_ Completed Paramedic Program Applicant Survey. (**Provided**).

**ALL APPLICATIONS MUST BE RECEIVED IN THIS OFFICE BY JULY 11, AND APPLICATIONS AFTER THAT DATE WILL NOT BE ACCEPTED.**

**WE HOLD ONE PROGRAM EVERY 18 MONTHS.**

Steve Holt, EMT-P, BS  
EMS Coordinator





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## Emergency Medical Services PARAMEDIC PROGRAM APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City State Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IVC student#: G00 \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address Street

City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Level EMS Certification: \_\_\_\_\_ Years of Experience \_\_\_\_\_

Certification/License#: \_\_\_\_\_

School(s) attended for EMS Training: \_\_\_\_\_

\_\_\_\_\_

Date of first EMT-I / EMT-II Certification: \_\_\_\_\_

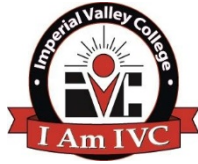
Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Contact Phone #

Street Address City State Zip





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## Emergency Medical Services PARAMEDIC PROGRAM APPLICATION

### EMPLOYER/SUPERVISOR EVALUATION FORM

Dear Employer/Supervisor \_\_\_\_\_:  
(Name of Employer/Supervisor)

I have given your name as my employer/supervisor for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed \_\_\_\_\_  
(Applicant's signature) (Applicant's name printed)

### Employer/Supervisor, please fill out the following:

1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average 2 = average 3 = above average 4 = exceptional

- |  |   |
|--|---|
| <input type="checkbox"/> Alertness           | <input type="checkbox"/> Honesty            |
| <input type="checkbox"/> Ambition            | <input type="checkbox"/> Initiative         |
| <input type="checkbox"/> Appearance          | <input type="checkbox"/> Leadership Ability |
| <input type="checkbox"/> Cooperativeness     | <input type="checkbox"/> Patient Care       |
| <input type="checkbox"/> Courtesy            | <input type="checkbox"/> Reliability        |
| <input type="checkbox"/> Dependability       | <input type="checkbox"/> Resourcefulness    |
| <input type="checkbox"/> Dignity & Poise     | <input type="checkbox"/> Self Control       |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Self-Motivation    |
| <input type="checkbox"/> Good Judgment       | <input type="checkbox"/> Tact               |

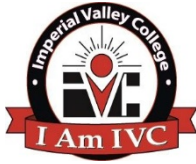
2. \_\_\_ How do you place this applicant as suitable candidate for Paramedic Training? (1-4)

3. How long has the applicant worked for your agency? \_\_\_\_\_

4. Remarks: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_





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## Emergency Medical Services PARAMEDIC PROGRAM APPLICATION

### PERSONAL REFERENCE FORM

Dear Personal Reference: \_\_\_\_\_  
(Name of person giving reference)

I have given your name as my personal reference for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed \_\_\_\_\_  
(Applicant's signature) (Applicant's name printed)

Personal Reference, please fill out the following:

1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average      2 = average      3 = above average      4 = exceptional

- |                           |                       |
|---------------------------|-----------------------|
| _____ Alertness           | _____ Ambition        |
| _____ Appearance          | _____ Ability         |
| _____ Cooperativeness     | _____ Courtesy        |
| _____ Dependability       | _____ Dignity & Poise |
| _____ Emotional Stability | _____ Good Judgement  |
| _____ Honesty             | _____ Initiative      |
| _____ Leadership          | _____ Tact            |
| _____ Patient Care        | _____ Reliability     |
| _____ Resourcefulness     | _____ Self Control    |
| _____ Self-Motivation     |                       |

2. \_\_\_ How do you place this applicant as suitable candidate for Paramedic Training? (1-4)
3. How long has the applicant worked for your agency? \_\_\_\_\_
4. Remarks: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Imperial Valley College  
EMS Training



**PARAMEDIC PROGRAM APPLICANT SURVEY**

Today's Date \_\_\_\_\_

Semester & year you are applying  
for \_\_\_\_\_

This survey was designed to develop a profile of students applying to our Paramedic Program. Our goal is to help our applicants become successful program graduates. Your feedback is important to us. We encourage you to complete and return this survey in the enclosed envelope to help us better serve you, your fellow students, and our community.

Please be advised that completion of this survey form is not required and will not be utilized in the program selection process.

**Instructions: Read each statement and please mark appropriate answer.**

1. Age  
 18-25 yrs       26-35 yrs       36-45 yrs.       46 plus
2. Gender  
 Female       Male
3. Ethnicity  
 Caucasian       Filipino       Hispanic  
 African-American       Pacific Islander       Other \_\_\_\_\_  
 Asian       American Indian
4. Do you have dependents living with you? (e.g., children under the age of 18, parents or grandparents)  
 Yes  No
5. Are you a single parent?  
 Yes  No
6. Number of children living at home:  
 None       1       2       3       4       5 or more
7. One-way travel distance from residence to campus:  
 0-10 mile       11-20 mile       21-30 mile       31-40 mile       41+





**PARAMEDIC PROGRAM APPLICANT SURVEY**

(Continued page 2 of 3)

8. Average weekly hours of employment:  
 Not employed     Employed 40hrs or less/week     Employed 40+ hrs/wk
9. Have you had previous paid work experience in EMS or health care?  
 Yes  No
10. If you respond yes to item 9, please indicate which experiences apply to you:
- |  |  |
|--|--|
| <input type="checkbox"/> Nurse Assistant | <input type="checkbox"/> Supportive Personnel        |
| <input type="checkbox"/> LVN             | <input type="checkbox"/> Housekeeping, dietary, etc. |
| <input type="checkbox"/> RN              | <input type="checkbox"/> Military Medic              |
| <input type="checkbox"/> Dental Hygiene  | <input type="checkbox"/> Health Information Services |
| <input type="checkbox"/> Radiology       | <input type="checkbox"/> Medical Assistant           |
| <input type="checkbox"/> EMT             | <input type="checkbox"/> Medical Clerk               |
| <input type="checkbox"/> Paramedic       | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Psych Tech      |  |
11. Years worked in EMS or healthcare:
- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Less than 1 yr                    | <input type="checkbox"/> 6+ yrs |
| <input type="checkbox"/> 1 yr or more but less than 3 yrs  | <input type="checkbox"/> N/A    |
| <input type="checkbox"/> 3 yrs or more but less than 6 yrs |                                 |
12. Previous volunteer experience in EMS or healthcare.
- |   |  |
|---|--|
| <input type="checkbox"/> Student              | <input type="checkbox"/> Other Health Care Service |
| <input type="checkbox"/> Fire Dept. Volunteer | <input type="checkbox"/> N/A                       |
| <input type="checkbox"/> EMS Volunteer        |  |
13. Highest post-high school education level completed:
- |   |   |
|---|---|
| <input type="checkbox"/> None             | <input type="checkbox"/> Bachelor's degree        |
| <input type="checkbox"/> Less than 2 yrs  | <input type="checkbox"/> Master's degree or above |
| <input type="checkbox"/> Associate degree |   |
14. Your primary place of residence for the past 12 months:  
 In this country     Out of country     Out of state in USA
15. College courses completed with a C average or better. (Mark all that apply).
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> EMT-I        | <input type="checkbox"/> Biology             |
| <input type="checkbox"/> Anatomy      | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Physiology   | <input type="checkbox"/> Psychology          |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Sociology           |
| <input type="checkbox"/> Chemistry    | <input type="checkbox"/> Humanities          |
| <input type="checkbox"/> English      | <input type="checkbox"/> Cultural Pluralism  |
| <input type="checkbox"/> Math         |  |





**PARAMEDIC PROGRAM APPLICANT SURVEY**

(Continued page 3 of 3)

28. Are you receiving a scholarship or financial aid?

- Yes** (If yes,  Pell Grant)
- Employer
- CalWORKS
- Local organization scholarship
- Other

29. Are you (or think you may be) eligible to receive a Grant through any of the following?

- Yes       No       Don't know

\*(Pell Grant, CalWORKS, JOBS, JTPA, SST, General Assistance, AFDOC, any other form of economic public assistance and/or annual income level below \$7,500.00 for single person, \$15,000.00 per couple with \$1,000.00 additional for dependent child).

30. Did you enter this program as a/an:

- Generic Student
- Re-entry
- Other

31. The main reason you chose this program:

- |  |   |
|--|---|
| <input type="checkbox"/> Required to maintain existing job | <input type="checkbox"/> Retraining after layoffs |
| <input type="checkbox"/> Career ladder opportunity         | <input type="checkbox"/> Career change            |
| <input type="checkbox"/> Lifetime goal                     | <input type="checkbox"/> Other _____              |

32. How did you learn about the IVC paramedic program?

- |  |  |
|--|--|
| <input type="checkbox"/> College counselor                 | <input type="checkbox"/> Employer/co-workers     |
| <input type="checkbox"/> Friends                           | <input type="checkbox"/> Former student/graduate |
| <input type="checkbox"/> Professionals practicing in field | <input type="checkbox"/> College catalog         |
| <input type="checkbox"/> Program brochure                  | <input type="checkbox"/> Internet                |
| <input type="checkbox"/> Imperial Valley Press             | <input type="checkbox"/> Independent research    |
| <input type="checkbox"/> Career/health fair                | <input type="checkbox"/> Hospital/Fire Dept.     |
| <input type="checkbox"/> Other _____                       |  |

YOUR TIME TO COMPLETE AND RETURN THIS SURVEY IS GREATLY APPRECIATED! IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE EMS COORDINATOR.





**Estimated Cost Paramedic Program\***

IVC Registration Fees	41.5 units X \$46/unit	\$1909.00
Student Rep Fee (1.00 each semester)		4.00
CPR Instructor Course Fees	Instructor manual and face mask	53.00
ALS Fee (supplies and equipment)		100.00
Books	Didactic texts, ACLS, PALS, EKG	700.00
Skills Tracking Fee	One year	85.00
Clinical/Field Shirts	30.00 each x 4	120.00
Health Fee (Subject to change)	\$19.00 Spring/Fall	38.00
	\$15.00 Summer/Winter	30.00
Background/Drug Screening	<b>\$95.00</b>	<b>95.00</b>
Yearly parking fees	\$25.00 Spring/Fall	50.00
	\$15.00 Summer/Winter	30.00
<b>Total Estimated Program fees</b>		<b>\$3164.00</b>
National Registry Exam Site Fee		175.00
National Registry Online Exam Fee		110.00
State Licensing Fee		250.00
Fingerprint Fee		25.00
<b>Total (estimated fees) For licensure</b>		<b>\$3699.00</b>
<b>Optional - Add 6 units for two management courses to complete AS degree</b>		<b>216.00</b>
Textbooks for additional classes		<b>120.00</b>
<b>Total estimated fees for AS degree in EMS</b>		<b>\$4035.00</b>

**\*NOTE: Costs subject to change. Does not include cost of textbooks on the “recommended list” or for workbooks that the student chooses to purchase.**

\$45.00 PALS Manual

\$45.00 ACLS Manual

\$494.00 Paramedic Care Textbook set (Package ISBN-13:[9780134572734](https://www.bradybooks.com/9780134572734) on Brady books website is \$494.00, includes texts and online materials to help students – recommended. Shopping for books on the web can lead to lower prices. Buying books individually, is more expensive usually.)

\$99.00 Basic Cardiac Dysrhythmia textbook (Brady Books)

