

**University of Texas Southwestern Medical Center/El Centro College,
Emergency Medicine Education**

5323 Harry Hines
Dallas, Texas 75390-9134

Administrative Offices: BKB.150 (214-648-5246)
Classroom and faculty offices: Exchange Park, 6300 Harry Hines
Bank One/Chase Basement (214-648-6990)
www.utsouthwestern.edu/ems

Dear Prospective Paramedic Student:

Thank you for your interest in the UT Southwestern/El Centro College Paramedic program. Enclosed please find our program information packet that provides a comprehensive overview of the program, an application for acceptance, and detailed application instructions.

In addition, we require applicants to attend an information session in order to better understand financial, academic, attendance, etc. requirements. Information sessions are scheduled in our classroom at Exchange Park (6300 Harry Hines, basement of Chase). These sessions will be held:

December 12, 2007 and December 19, 2007 @ 3:00pm

Please review this packet carefully and retain it for future reference. If you have any questions, contact me or Anissa Jackson at (214) 648-5246.

Once again, thank you for your interest in our Program.

Best Regards,

Carol Goodykoontz
Assistant Program Director

APPLICATION PROCESS

For the full time April 24, 2008 class:

STEP 1:

Applications for the April 24, 2008 full time paramedic class (and the April 2-15, 2008* Anatomy & Physiology class) are being accepted now until December 31, 2007. Complete and sign the enclosed application, **include all required documents listed below (items 1-8)**, and mail all materials to the following address. (Items 9-10 are to be completed as instructed.)

*UT Southwestern, Emergency Medicine Education Program
Attention: Anissa Jackson, Student Applications
5323 Harry Hines Blvd
Dallas, TX 75390-9134*

Applications and below listed documents must be received by 12/31/07 in order to be considered. The following items must be submitted:

1. Completed application (included)
2. Reading and Math assessment testing information
3. Official transcripts from all colleges you have attended, if applicable
4. A copy of your high school diploma, GED or high school transcript
5. A copy of your national and/or state EMT certification or verification of current enrollment in an EMT program
6. A copy of your current Basic Life Support for health care providers CPR card
(EMT and CPR certification must be maintained current throughout the Paramedic training)
7. A copy of your driver's license or other documentation for residency verification.
8. An application to El Centro College. Download this from www.dcccd.edu/formspdf/admapp.pdf and mail it with these application materials.
(Application also available in the Admissions/Registrar Offices at all DCCCD campuses.)
9. Two (2) recommendations to the paramedic program are needed.
10. Attendance at an information session is required.

******Information to complete these requirements is included in this packet******

STEP 2:

If you are accepted for an interview, you will be notified by mid-Jan and an interview scheduled. Final selections for the class and for alternates will be notified no later than *January 31, 2008* for the April 2008 class. If accepted to the Paramedic class and you have not taken Anatomy & Physiology, you will automatically be scheduled for that class also which is April 2-15, 2008*. If you do not pass Anatomy & Physiology, you will forfeit your space in paramedic class.

STEP 3:

Once accepted into the paramedic class, there is additional paperwork that will be required such as immunizations (*including Hep B series*), physical exam, drug screening and a criminal background check. Information on these forms will be mailed with the acceptance letter. You will need to mail that information to Pam Farley in Health Occupation admission at El Centro. More information is included in the "Paramedic Certificate" information.

- **dates may be subject to change**

Disclosure for the student application process.

Disclosure of your Social Security Number ("SSN") is requested for the student records system of The University of Texas Southwestern Medical Center at Dallas (the "University") and for compliance with Federal and State reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by law. The privacy and confidentiality of student records is protected by law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law.

UT Southwestern Medical Center/EI Centro College
Emergency Medicine Education

PARAMEDIC PROGRAM APPLICATION

INSTRUCTIONS: Read and answer each question. Please type or print your answers.

Program Applying For: (circle one or both)

Full-time, April 24, 2008

Full-time, July 22, 2008

PERSONAL

Name _____ **Social Security No.** _____ - _____ - _____

Last First Middle

Address _____ **City** _____ **State** _____ **Zip Code** _____

Street Apt. #

Home or Work

Phone (____) _____ **Cell Phone** (____) _____ **Date of Birth** _____

e-mail address _____ *Mo. / Day / Year*

In Case of Emergency

Notify _____ **Phone** (____) _____ **Relationship** _____

Name

Address _____ **City** _____ **State** _____ **Zip** _____

Street Apt. #

email address _____

General Information

Have you ever been employed or attended school under another name? Yes _____ No _____

If yes, give the name(s) and specify the employer(s)/school:

Have you ever been discharged from a job? Yes _____ No _____

If yes, please explain:

Can you furnish proof that you are either a US citizen or otherwise legally permitted to work in the US? Yes _____ No _____

If no, please explain:

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain:

How did you find out about this program? Please indicate the name of your source. Alumni _____

Current Student _____ Department _____ Advertisement _____

Website _____ Other _____

Have you previously applied to this school? Yes _____ No _____ If yes, When? _____

EDUCATION

This section **must** be completed even if supplemented by a resume. List all schools attended. Attach additional pages if more space is needed. Transcripts from all colleges attended and copies of all diplomas and/or certificates **must** be attached to this application.

1. Dates Attended (month/year)	2. Schools Attended	3. Status	4. Certs/Diplomas Degrees
From: To:	High School: _____ Street: _____ City : _____ State: _____ Phone: (_____) _____	Years/units completed: _____ Presently enrolled: Yes _____ No _____ Date graduated: _____ Approximate GPA: _____	Major : _____ Degree/Cert/Diploma: Yes _____ No _____
From: To:	EMT School: _____ Location: _____ _____ Course Coordinator: _____	Date completed: _____ National Registry? Y ___ N ___ Cert. #: _____ Expiration date: _____ Issued by: _____	Not certified? Please explain: _____ _____ _____
From: To:	College: _____ Street: _____ City: _____ State: _____ Phone: (_____) _____	Years/units completed: _____ Presently enrolled: Yes _____ No _____ Date graduated: _____ Approximate GPA: _____	Major : _____ Degree: Yes ___ No ___ Certificate: Yes ___ No ___ Diploma: Yes ___ No ___

EMPLOYMENT RECORD

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

1. Dates (mo/yr)	2. Employer	3. Your Position	4. Reason For Leaving
From: To:	Company: _____ Supervisor: _____ Street: _____ City: _____ S State: _____ Phone:(____) _____	Title: _____ Duties: _____ _____ Approx. Hrs./ Week: _____	
From: To:	Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone:(____) _____	Title: _____ Duties: _____ _____ Approx. Hrs./Week: _____	
From: To:	Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone:(____) _____	Title: _____ Duties: _____ _____ Approx. Hrs./ Week: _____	

Did you remember to include:

1. Completed and signed Paramedic Program Application
2. Reading and math assessment testing results
3. Copy of college diploma and all official transcripts
4. Copy of high school diploma or equivalent
5. Copy of state and/or national EMT Certification or verification of current enrollment in EMT class
6. Copy of current CPR for HCP card
7. Copy of current driver's license or other residency verification
8. Completed El Centro College application form

Program Recommendation Forms are necessary from 2 of the following: 1) your current EMS employer, 2) your current or former professor or EMS instructor, 3) and another professional or educational reference. These should be sent directly from the writer to the Paramedic Program.

Thank you for choosing

***UT Southwestern Medical Center – El Centro College
Paramedic Education Program***

5323 Harry Hines
Dallas, Texas 75390-9134
214-648-5246

**UT SOUTHWESTERN MEDICAL CENTER/EL CENTRO COLLEGE
PARAMEDIC EDUCATION PROGRAM**

**PERSONAL INQUIRY WAIVER
AUTHORITY OF RELEASE OF INFORMATION**

Instructions to Applicant: Please complete the information below and give this form to the individuals who will recommend on your behalf. Also provide the individuals with a stamped envelope addressed to the paramedic program. This form is to be sent directly to the paramedic school.

TO:

Name of reference

Address of reference

I respectfully request and authorize you to furnish the El Centro College Health Occupations Admissions Office the attached information request concerning me, my work record, school record, my reputation and character, and my qualifications for entering Paramedic Class. Please include all information of a pertinent nature. This information is to be used to assist in determining my qualifications for entry into the Paramedic Class.

I hereby release you, your organization, or others from any liability or damage, which may result from providing the requested information.

Applicant's Signature _____ Date _____

Applicant's Address _____

Witness' Signature

Witness' Signature

Witness' Address

Witness' Address

UTSOUTHWESTERN MEDICAL CENTER/EL CENTRO COLLEGE
Paramedic Program
5323 Harry Hines Boulevard
Dallas, Texas 75390-9134

PROSPECTIVE PARAMEDIC STUDENT INFORMATION
RECOMMENDATION FORM

Applicant's Name _____

Please check the items that most accurately describe the applicant. If you are unable to answer or no opinion has been formed, leave specific criteria blank. All responses are confidential. ***Additional comments in the indicated space are also appreciated.***

PERSONAL QUALITIES

APPEARANCE:	Careless	Acceptable	Impressive
COOPERATION:	Insufficient	Average	Exceptional
DEPENDABILITY:	Doubtful	Dependable	Above Average
EMOTIONAL STABILITY:	Overly sensitive	Well balanced	Very secure
HONESTY:	Questionable	Good	Unquestionable
JUDGMENT:	Poor	Variable	Sound
TIME MANAGEMENT:	Poor	Good	Excellent
PUNCTUALITY:	Tends to be tardy or absent	Good	Always on time

COMMENTS:

APTITUDE AND SKILLS

COMMUNICATION (verbal):	Difficult	Good	Excellent
ADAPTABILITY:	Difficult	Good	Excellent
INITIATIVE:	Conforms	Self-reliant	Creative
INTELLECT:	Slow to catch on	Good	Catches on quickly
LEADERSHIP:	Passive	Contributes	Outstanding
MANUAL DEXTERITY:	Poor	Good	Above average
ORGANIZATION:	Poor	Good	Above average

COMMENTS:

What is your relationship to the applicant?

If you had the opportunity to employ this person, would you do so?

YES _____ NO _____

COMMENTS: _____

Would you recommend this person as an applicant for the Paramedic Program at UT Southwestern Medical Center?

YES _____ NO _____

COMMENTS: _____

Would you care to add further comments about the applicant (strengths, weaknesses, etc.)?

SIGNATURE _____ **DATE** _____

Please return this form by December 31, 2007 to:

Carol Goodykoontz, Assistant Program Director
UT Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-9134

**UT SOUTHWESTERN MEDICAL CENTER/EL CENTRO COLLEGE
PARAMEDIC EDUCATION PROGRAM**

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I hereby release you, your organization, or others from any liability or damage, which may result from providing the requested information.

Applicant's Signature _____ Date _____

Applicant's Address _____

Witness' Signature

Witness' Signature

Witness' Address

Witness' Address

UTSOUTHWESTERN MEDICAL CENTER/EL CENTRO COLLEGE
Paramedic Program
5323 Harry Hines Boulevard
Dallas, Texas 75390-9134

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COMMENTS: _____

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If you had the opportunity to employ this person, would you do so?

YES _____ NO _____

COMMENTS: _____

Would you recommend this person as an applicant for the Paramedic Program at UT Southwestern Medical Center?

YES _____ NO _____

COMMENTS: _____

Would you care to add further comments about the applicant (strengths, weaknesses, etc.)?

SIGNATURE _____ **DATE** _____

Please return this form by December 31, 2007 to:

Carol Goodykoontz, Assistant Program Director
UT Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-9134

**UT SOUTHWESTERN MEDICAL CENTER/EL CENTRO COLLEGE
EMERGENCY MEDICINE EDUCATION**

**EMS Course Schedule
2007-2008 Academic Year**

Emergency Medical Technician (EMT) Courses

FT Class No. 131 - October 24, 2007 – December 10, 2007**
FT Class No. 132 - May 2008 (TBD)

Anatomy & Physiology Courses for Paramedics

FT Class No. 24 - January 2, 2008 – January 15, 2008
FT Class No. 25 - April 2, 2008 – April 15, 2008
FT Class No. 25 - July 2, 2008 – July 15, 2008

Paramedic Courses

FT Class No. 103 - July 24, 2007 – January 18, 2008**
FT Class No. 104 - January 22, 2008 – July 16, 2008**
FT Class No. 105 - April 24, 2008 – October 15, 2008
FT Class No. 106 - July 22, 2008 - January 19, 2009

NOTE: These dates are subject to change, generally by only a day or two.

FT - meets full time, five days a week
** - means class is full and a waiting list is being taken

RESIDENCY VERIFICATION FOR TUITION ASSESSMENT

To establish your residency for tuition assessment purposes, please refer to the criteria below for information on documentation to attach to this Dallas County Community College District application form as it relates to your situation. **NOTE: Residency must be established and verified by the El Centro College Registrar's Office before tuition cost will be determined.**

A **Texas resident** is defined as one who has lived in the state of Texas for one calendar year.

A **Dallas County resident** is defined as one who has lived in Texas a minimum of 12 months **AND** who currently lives in Dallas County or owns property on the Dallas County Tax Rolls.

IF YOU HAVE LIVED IN TEXAS FOR AT LEAST THE PAST 12 MONTHS AND LIVE IN DALLAS COUNTY:

- A photocopy of a valid Texas Driver's license or ID card displaying your current address which you have had in your possession for at least twelve (12) months. **NOTE:** If you have renewed your license or changed your address less than twelve months ago, or if your license does not display your current address at which you have lived for the past 12 months, you will need to attach a photocopy of your expired license as well or you may attach a photocopy of an apartment lease, house deed, a utility bill or piece of official business mail dated at least twelve (12) months hence showing your current address.

IF YOU DO NOT LIVE IN DALLAS COUNTY:

- A photocopy of a valid Texas Driver's license or ID card which you have had in your possession for at least one year. If you have renewed your license less than one year ago, you will need to attach a photocopy of your expired license as well or you may attach a photocopy of an apartment lease, a utility bill or piece of official business mail dated twelve (12) months hence showing your current address.

IF YOU DO NOT LIVE IN DALLAS COUNTY BUT PERSONALLY OWN PROPERTY ON THE DALLAS COUNTY TAX ROLLS:

- A photocopy of a tax bill or deed showing your ownership of property in Dallas County dated twelve (12) months hence.

IF YOU HAVE NOT LIVED IN TEXAS FOR A MINIMUM OF TWELVE (12) MONTHS:

A photocopy of a valid Texas Driver's license or ID card, apartment lease, utility bill or piece of official business mail. **NOTE:** Your tuition will be based as an "Out of State Resident" until you have established residency in the state for the required 12 months. This applies even if you now live in Dallas County. However, if you have owned and maintained property listed on tax rolls in the State of Texas for the previous of twelve (12) months, you may be eligible for In-State residency tuition status. Contact the El Centro College Registrar's Office at 214-860-2311 for information.

ASSESSMENT TESTING

ALL applicants to the Paramedic Certificate program **MUST** achieve minimum assessment scores in reading comprehension and math skills. Previously earned assessment test scores such as TASP, SAT ACT, etc. may be considered. Students who are TASP exempt through previous coursework (including English and math courses), previous degrees, or the "B or Better" provision **ARE NOT EXEMPT** from reading comprehension and math assessment testing for application to the Paramedic Certificate program.

An appointment to test is not necessary, however, applicants must obtain a testing referral slip from the El Centro College Continuing Education Office, Room A-260. Please contact the Assessment Center at 214-860-2178 for hours of operation. For further assistance regarding assessment testing, please consult the El Centro College Health Occupations Admissions Office.

Students may present any combination from the reading and math test columns below to fulfill the assessment testing requirement for application to the Paramedic Certificate program. Minimum acceptable scores for each test are indicated. TASP, THEA, SAT and ACT scores are valid for five years from time of testing to date of application. All other test scores are valid for two years from time of testing to date of application.

READING COMPREHENSION TESTS		MATH SKILLS ASSESSMENT TESTS	
ACCUPLACER Reading	78	ACCUPLACER Math 1	66
TASP Reading	230	ACCUPLACER Math 2	63
THEA Reading	230	TASP Math	230
COMPASS Reading	81	THEA Math	270
ASSET Reading	41	COMPASS Math	59
SAT Verbal	500	SAT Math	500
ACT English	19	ACT Math	19
MAPS Reading	29	MAPS Math 1	30
Michigan Test (*for students whose first language is not English)	80		

This assessment testing is required regardless of an applicant's prior completion of previous college degrees or coursework including English 1301 and mathematics.

RETESTING POLICY

Applicants to the Paramedic Certificate program who do not achieve minimum scores in reading and math assessment testing **may retest one time** with permission from the El Centro College Continuing Education Office. If the applicant does not achieve minimum required scores on the retest, the applicant must complete one of the following options before being granted a third and final testing opportunity during that application filing period.

The three options are: a) enrolling in developmental coursework; b) submit documented proof of obtaining tutoring; or c) enrolling in the Continuing Education course "College Fresh Start" which grants access to the College Learning Center for self-remediation utilizing computer programs, video/audio tapes, etc. If the applicant does not achieve minimum scores on the final retest, the applicant will not be allowed to submit an application during the current filing period and cannot test again until the following semester.