

**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  
Chase Bank Basement (214-648-6990)  
[www.utsouthwestern.edu/ems](http://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 obligations, academic performance, attendance policies and other requirements. Information sessions will be held in the basement of the Chase Bank building at Exchange Park (which is now called the Bass Center). The physical location is 6300 Harry Hines Boulevard, Dallas, Texas 75235. Session dates for students interested in "potential openings" for the January 2010 and possibly April 2010 paramedic classes will be held:

***September 9, 2009 and September 23, 2009 @ 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 January 19, 2010 class:**

### **STEP 1:**

Applications for the January 19, 2010 full time paramedic class (and the December 30, 2009 – January 13, 2010\* Anatomy & Physiology class) are being accepted now until *September 30, 2009*. 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 6/30/09 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. Verification of EMT certification or 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. Verification of Health Care insurance effective 1<sup>st</sup> day of class (Refer to the following link for more details and suggested health care coverage options:  
<https://www1.dcccd.edu/cat0809/ss/sd/insurance.cfm>)
9. An application to El Centro College. Download this from [www.dcccd.edu/formspdf/admapp.pdf](http://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.*)
10. Two (2) recommendations to the paramedic program are needed.
11. 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-Oct and an interview scheduled. Final selections for the class and for alternates will be notified no later than *October 30, 2009* for the January 2010 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 December 30, 2009 – January 13, 2010\*. 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, 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, January 19, 2010

Full-time, April 27, 2010 (*tentative*)

**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:	<b>High School:</b> _____ Street: _____ City : _____ State: _____ Phone: (_____) _____	Years/units completed: _____ Presently enrolled: Yes _____ No _____ Date graduated: _____ Approximate GPA: _____	Major : _____ Degree/Cert/Diploma: Yes _____ No _____
From:  To:	<b>EMT School:</b> _____ Location: _____ _____ Course Coordinator: _____	Date completed: _____ National Registry? Y ___ N ___ Cert. #: _____ Expiration date: _____ Issued by: _____	Not certified? Please explain: _____ _____ _____
From:  To:	<b>College:</b> _____ Street: _____ City: _____ State: _____ Phone: (_____) _____	Years/units completed: _____ Presently enrolled: Yes _____ No _____ Date graduated: _____ Approximate GPA: _____	Major : _____ Degree/Cert/Diploma: Yes _____ No _____
From:  To:	<b>College:</b> _____ Street: _____ City: _____ State: _____ Phone: (_____) _____	Years/units completed: _____ Presently enrolled: Yes _____ No _____ Date graduated: _____ Approximate GPA: _____	Major : _____ Degree/Cert/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. Verification of EMT Certification or 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. Verification of Health Care insurance effective 1<sup>st</sup> day of class
9. 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?**

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

YES \_\_\_\_\_ NO \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please return this form by September 30, 2009 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**

**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

\_\_\_\_\_

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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

**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
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DEPENDABILITY:	Doubtful	Dependable	Above Average
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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.)?**

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please return this form by September 30, 2009 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**  
**2009-2010 Academic Year**

**Emergency Medical Technician (EMT) Courses**

FT Class No. 137 - July 31, 2009 – September 15, 2009  
FT Class No. 138 - February 25, 2010 – April 13, 2010

**Anatomy & Physiology Courses for Paramedics**

FT Class No. 31 - September 29, 2009 – October 12, 2009  
FT Class No. 32 - December 30, 2009 – January 13, 2010  
FT Class No. 33 - April 7, 2010 – April 15, 2010 (*tentative dates*)\*  
FT Class No. 34 - June 29, 2010 – July 13, 2010

**Paramedic Courses**

FT Class No. 112 - October 20, 2009 – April 23, 2010 \*\*  
FT Class No. 113 - October 20, 2009 – May 19, 2010 \*\*  
FT Class No. 114 - January 19, 2010 – July 15, 2010  
FT Class No. 115 - April 27, 2010 – October 20, 2010 (*tentative dates*)\*  
F Class No. 116 - July 20, 2010 – January 13, 2011

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

- \* - means class is not definite yet and may be cancelled
- \*\* - means class is currently 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 Counselor's Office (214-860-2084). 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 have no expiration date 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	200
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		

***The math assessment testing is required regardless of an applicant's prior completion of previous college degrees or coursework. However, the reading requirement can be satisfied by a college level English 1301 course with a passing grade.***

## RETESTING POLICY

Applicants to the Paramedic Certificate program who do not achieve minimum scores in reading and math assessment testing **may retest one time** for a \$10 fee and with permission from the El Centro College Counselor's 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.