



# REMSA HEALTH®

## Center for Integrated Health and Community Education

### **Paramedic Program**

Prospective Student Information and Application Packet

400 Edison Way Suite B  
Reno, Nevada 89502  
(775) 858-5700 Office  
(775) 858-5735 Fax  
[www.remsaeducation.com](http://www.remsaeducation.com)





# Paramedic Program Acceptance Process

The steps to reviewing, scoring, and accepting a candidate into the program

1. Register and participate in a Paramedic Program entrance exam and pharmacology exam
  - a. Written pharmacology exam is based on the REMSA pharmacology packet posted on the REMSA paramedic webpage.
  - b. Written entrance exam will include
    - i. Anatomy and Physiology
    - ii. General Math
    - iii. Reading Comprehension
    - iv. EMT Knowledge, Application, and Problem Solving
2. Obtain, complete, and submit a written application
  - a. All sections are required
  - b. Applications will be scored based on completeness and content
  - c. Request two letters of recommendation to be sent directly to REMSA
  - d. Review the functional job analysis to determine if you meet the requirements of the class and the job
  - e. Gather and submit all additional required documentation including vaccine records, transcripts, etc
3. Schedule and attend a panel interview if selected based on test scores
  - a. Expect to be interviewed by a panel of four to six interviewers
  - b. Expect to stay for approximately 45 minutes
  - c. Bring a resume or any other documents you feel would be helpful to share

You will be scored on each of the requirements outlined above. You are choosing to enter a career that demands attention to detail and requires you to present yourself as a leader. You will be graded throughout the process and will be selected based on a combined score of all application requirements.

## Entrance Exam

Entrance Exam	35%
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## Application

Presentation/Completeness	15%
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Letter of Recommendation	15%
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## Interview

Combined Panel Score	30%
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## Experience

AEMT education and/or EMS experience	5%
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Candidates will be notified by email by the date presented at the entrance exam. Candidates should refrain from calling until after this date has passed. Combining all scores and reviewing all exams and documentation takes time and we will work hard to ensure we notify you by the established date. If you have any questions, please do not hesitate to call.

If you receive notice that you were not selected, we encourage you to contact us and areas of weakness for improvement should you choose to reapply. We are more than happy to schedule a meeting with you to help you understand what led to our decision and what you can do next time to improve your chances of success.

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## Paramedic Program Application

**INSTRUCTIONS:** Read and answer each question. Do not leave any section blank. Please type or print clearly.

### PERSONAL INFORMATION

Name: _____		Date of Birth: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
Home Telephone: _____		Cell Telephone: _____	
Email Address: _____			
Emergency Contact: _____		Relationship: _____	
Telephone Number: _____		Address: _____	

### EDUCATION INFORMATION

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 schools attended and copies of all diplomas and/or certificates must be included with the application.**

Schools Attended	Dates Attended (month/year)	Status	Certs/Diplomas/Degrees
High School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Years/Units Completed: _____ Presently Enrolled: <input type="checkbox"/> Y <input type="checkbox"/> N Date Graduated: _____ Approximate GPR: _____	Major: _____ Degree/Cert/Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
EMT School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Date Completed: _____ Cert Number: _____ Expiration Date: _____ Issued by: _____	N/A
AEMT School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Date Completed: _____ Cert Number: _____ Expiration Date: _____ Issued by: _____	N/A
College: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Years/Units Completed: _____ Presently Enrolled: <input type="checkbox"/> Y <input type="checkbox"/> N Date Graduated: _____ Approximate GPR: _____	Major: _____ Degree/Cert/Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No

# Paramedic Program Application (page 2)

## PERSONAL INFORMATION

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.

Employer	Dates (month/year)	Your Position	Reason for Leaving
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Title: _____ Duties: _____ _____ _____ Approx. Hrs. / Week: _____	
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Title: _____ Duties: _____ _____ _____ Approx. Hrs. / Week: _____	
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Title: _____ Duties: _____ _____ _____ Approx. Hrs. / Week: _____	
Company: _____ Supervisor: _____ Street: _____ City: _____ State: _____ Phone: _____	From: _____  To: _____	Title: _____ Duties: _____ _____ _____ Approx. Hrs. / Week: _____	

## GENERAL INFORMATION - REQUIRED

Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name(s) and specify the employer(s):
If you are presently employed, may we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Have you ever previously applied to this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

# Paramedic Program Application (page 3)

## VETERAN'S INFORMATION

This section needs to be completed by students who have served in any branch of the military in the past or currently. If you are a veteran, you must complete this section even if you do not intend to apply for veteran assistance through the Veteran's Administration. All veterans are required to request their transcripts from the branch of service they served or are serving in. Those transcripts must accompany this application to be considered as part of the application process.

What branch of the US military have you served in: _____ Have you been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you requested transcripts from your military service detailing your military education? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please visit the appropriate website below and request your transcripts to be submitted to REMSA with this packet. <ul style="list-style-type: none"><li><input type="radio"/> AIR FORCE <a href="http://www.au.af.mil/au/caaf/">http://www.au.af.mil/au/caaf/</a></li><li><input type="radio"/> ARMY <a href="http://aarts.army.mil/">http://aarts.army.mil/</a></li><li><input type="radio"/> COAST GUARD <a href="http://www.uscg.mil/hq/cgi/">http://www.uscg.mil/hq/cgi/</a></li><li><input type="radio"/> MARINES/NAVY <a href="https://www.navycollege.navy.mil/transcript.html">https://www.navycollege.navy.mil/transcript.html</a></li></ul>
Will you apply for Veteran's Assistance benefits to attend the REMSA Paramedic Education Program: <input type="checkbox"/> Yes <input type="checkbox"/> No

## PROGRAM DEMOGRAPHICS

Please complete the following information to help the REMSA Paramedic Education Program evaluate its marketing and communication effectiveness. This information is used for research purposes only and will not be used in the selection process.

How did you find out about this program? Please indicate the name of your source: <input type="checkbox"/> Previous REMSA Student. Course and Date: _____ <input type="checkbox"/> Current REMSA Student <input type="checkbox"/> Course Flyer. Location Posted: _____ <input type="checkbox"/> REMSA Website <input type="checkbox"/> Other Website. Address: _____
State of Residence: <input type="checkbox"/> Nevada <input type="checkbox"/> California <input type="checkbox"/> Other: _____

- 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 consideration for acceptance to the REMSA Paramedic Education program. Additionally, I authorize the program to verify the statements made on or in connection with this application.
- I also certify that I have received a copy of the application packet that contains rules, regulations, course completion requirements, and costs for the Paramedic Education program.
- It is the responsibility of the applicant to ensure all required documents have been submitted with this application. Failure to submit all required documentation including transcripts will result in the candidate not being considered for the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## FOR OFFICIAL USE ONLY

Application Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Application Complete:  Yes  No

If no, what is missing: \_\_\_\_\_



## Paramedic Program Application Acknowledgment

Name: \_\_\_\_\_

You were provided a copy of the REMSA Center for Prehospital Education Student Handbook and information on the Paramedic Profession. These documents outline the details of the REMSA paramedic education program and provide a detailed overview of the expectations of students enrolled in the program.

Every prospective student must read, understand, and acknowledge receipt of these manuals prior to being accepted into the program. Students will be held accountable for all information presented in the handbook and the profession information. Students and prospective students have access to program staff for questions and answers.

The following documents were provided as part of the entire REMSA Paramedic Education Program application packet:

- REMSA Center for Prehospital Education Student Handbook
- Paramedic Profession Overview and Minimum Requirements

I understand that it is my responsibility to ensure that I have received the above referenced documents and that I am responsible to read through each document. I further understand that I am responsible to abide by and adhere to the material presented in the documents and that I may have questions answered or clarified by contacting the program coordinator. Submission of an application does not guarantee placement into the course. REMSA reserves the right to cancel any planned course due to low enrollment up to one week prior to the published start date of the course.

I also understand and agree to the following and acknowledge by initial each statement:

\_\_\_\_\_ 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 consideration for acceptance to the REMSA Paramedic Program. Additionally, I authorize the program to verify the statements made on or in connection with this application.

\_\_\_\_\_ I also certify that I have received a copy of the application packet that contains rules, regulations, course completion requirements, profession information, and the costs associated with the program.

\_\_\_\_\_ It is the responsibility of the applicant to ensure all required documents have been submitted with this application. Failure to submit all required documentation including transcripts will result in the candidate not being considered for the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Additional Program Fees Acknowledgement

Read and initial each item below as an indication that you fully understand and accept these additional required fees and items:

### Required Fees:

\_\_\_\_\_ I agree, to pay for all fees associated with the REMSA required entrance exam.

Deadline:	Must be completed prior to application deadline.
Entrance Exam Fee:	\$25.00
Pharmacology Exam:	\$25.00

\_\_\_\_\_ I agree, that once accepted, I will complete and pay for all fees associated with a criminal background check through the current approved REMSA vendor in order to enter the program. This requirement is mandatory, and no substitutions will be allowed. The rate below is an average and may increase based on the counties you have lived in.

Deadline:	Must be completed prior to the first day of the program.
Standard criminal background investigation rate:	\$60.46

\_\_\_\_\_ I agree, that once accepted, I will complete and pay for all fees associated with a drug screening through the current approved REMSA vendor in order to enter the program. This requirement is mandatory, and no substitutions will be allowed. The rate below is an average.

Deadline:	Must be completed prior to the first day of the program.
Standard Drug Screening rate:	\$49.22

\_\_\_\_\_ I agree, that once accepted, I will pay for all fees associated with the REMSA required uniform, textbooks, and lab fee. Students must purchase the minimum items required to complete the uniform. Additional items may be purchased at the student's discretion. Textbooks may be purchased from location of student's choice, but ISBN numbers are required to match the book catalog. This requirement is mandatory, and no substitutions will be allowed.

Deadline:	Must be purchased prior to the first day of class.
Standard new student uniform package:	\$235.50
Non-Refundable Technology Fee	\$150.00
Textbook Bundle	Approx. \$1,100

\_\_\_\_\_ I agree that once accepted and have successfully completed the course, I will pay for all fees associated with taking National Registry cognitive testing. These fees are set by National Registry and paid directly to National Registry.

Deadline:	Must be purchased prior to the last week of class.
National Registry Cognitive Exam Fee:	\$110.00 (or current published National Registry fee)

\_\_\_\_\_ I agree to pay for all fees associated with the Paramedic Internship. Paramedic internship is mandatory for completion of the Paramedic program. Students in the in-house cohorts MUST perform their internship at REMSA Health. This fee will provide for this necessity; This requirement is **mandatory** for all students performing internships at REMSA Health. Students performing internships through an affiliated Fire Department are subject to fees paid directly to the Fire Department.

Deadline:	Must be paid prior to the end of didactic.
Internship Fee:	\$1,500.00 per student

**Additional Requirements and Fees:**

\_\_\_\_\_ I understand that, once accepted, I may wish to purchase additional books, study aids, or workbooks to assist in my education. I understand that these items are not required and that the purchase of these materials above and beyond what is provided in class is my responsibility.

\_\_\_\_\_ I understand, that once accepted, additional supplies and equipment may be required, to be successful in this program including but not limited to a stethoscope. I understand that it is my responsibility to secure these items and I am financially responsible for any costs associated with obtaining them.

\_\_\_\_\_ I understand, that once accepted, replacement costs for reissuing certifications that have been lost or misplaced after being issued to me will be my responsibility. This includes replacement certification cards as well as continuing education certificates.

\_\_\_\_\_ **I have received, read, and fully understand this fee addendum to the enrollment agreement.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Paramedic Program Supplemental Application

Please type or print clearly

1. On a separate sheet of paper, please compose and submit a personal statement on why you want to become a paramedic and how you have prepared yourself for this course of study. Limit your statement to 500 words.
2. Please use the space provided below to answer, in your own words, the following question. Use additional paper if needed.  
**How do professionalism and paramedicine relate?**

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3. Please answer the following questions for a brief overview of your EMS work experience.

- Total length of service in EMS or other healthcare related experience as of the date of application (please mark the appropriate length of time):

- |                                             |                                               |                                    |
|---------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> 6 months           | <input type="checkbox"/> 1 year to 18 months  | <input type="checkbox"/> 2 years + |
| <input type="checkbox"/> 7 months to 1 year | <input type="checkbox"/> 18 months to 2 years |                                    |

Type of employer(s) (please mark all that apply):

Employer Type	Length of Employment	Employer Type	Length of Employment
<input type="checkbox"/> Volunteer Ambulance	Years:    Months:	FIRE DEPARTMENT SERVICE	
<input type="checkbox"/> Emergency Department	Years:    Months:	<input type="checkbox"/> Explorer	Years:    Months:
<input type="checkbox"/> Lifeguard	Years:    Months:	<input type="checkbox"/> Auxiliary/Reserve	Years:    Months:
<input type="checkbox"/> Private Ambulance	Years:    Months:	<input type="checkbox"/> Career	Years:    Months:
<input type="checkbox"/> Professional Ski Patrol	Years:    Months:	<input type="checkbox"/> Paid Call	Years:    Months:
<input type="checkbox"/> Other _____	Years:    Months:		

4. Overall percentage of ALS calls and BLS calls: \_\_\_\_\_ % of ALS Calls      \_\_\_\_\_ % of BLS Calls
5. Approximate number of total patient contacts per shift: \_\_\_\_\_
6. Number of shifts worker per month: \_\_\_\_\_
7. Did you work with a paramedic partner:       Yes     No





## Paramedic Program Recommendation Form

**Instructions to applicant:** Please complete the information below and give this form to the person who will offer a recommendation on your behalf. Also provide this person an envelope addressed to the Paramedic Program Coordinator. This form is to be sent directly to the paramedic school.

Program Enrollment Date: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- Please check to whom form is given to:**
- Current employer (Manager or Supervisor)
  - Other personal/professional/educational reference

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to recommender:** Please write a short assessment of the applicant and attach to this form. We are particularly interested in the applicant's strengths, weakness, and characteristics that would help the review committee judge the applicant's ability to succeed in school. Please also give your impression of the applicant on the chart below by checking the appropriate rating. *Please mail this form directly to the paramedic school.* Thank you for your assistance.

	Excellent	Above Average	Average	Below Average	Poor	Unknown
Analytical ability						
Breadth of knowledge						
<b>Verbal expression skills</b>						
Written expression skills						
Perseverance						
Maturity						
Imagination and creativity						
Overall professional potential						

Company Name / Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_