

EAST BATON ROUGE PARISH
EMS

EMERGENCY MEDICAL SERVICES

2010 EMT-PARAMEDIC



**TRAINING PROGRAM
APPLICATION PACKET**

DEPARTMENT OF EMS
TRAINING DIVISION
P.O. BOX 1471
BATON ROUGE, LA 70821
Phone: 225 389-5155
Fax: 225 389-8589

WWW.BRGOV.COM/DEPT/EMS



Department of Emergency Medical Services

City of Baton Rouge
Parish of East Baton Rouge

704 Mayflower Street
P.O. Box 1471
Baton Rouge, Louisiana 70821
Office: (225) 389-5155
Fax: (225) 389-5235

Pam Porter
Administrator

January 12, 2010

Dear Applicant:

Thank you for your interest in our 2010 EMT-Paramedic Training Program. A career as a Paramedic can be very rewarding, diverse, and exciting. Paramedics significantly improve the level of emergency care provided to ill and injured individuals in the out-of-hospital environment. Our Paramedic Training Program provides students with the necessary skills and knowledge to sit for the National Registry of Emergency Medical Technician, EMT-Paramedic written and practical examination.

Paramedic training application packets, detailed admission requirements, required forms/documents, a curriculum overview, and the EMT-Paramedic Functional Job Analysis can be obtained from our website at <http://www.brgov.com/dept/ems>. Students selected to participate in the Paramedic Training Program will attend classes on Monday, Wednesday, and Friday from 8:00 am – 5:00 pm. Also, student will complete 8 to 12 hour clinical and field internship rotations at area hospitals and EMS ambulances which will include morning, afternoon, night, and weekend schedules.

The application packet must be completed in its entirety and hand delivered to the EMS Training Division on or before Friday, March 31, 2010. Please contact the EMS Training Division at (225) 389-5155 if you have questions regarding the application process.

Again, thank you for your interest in our Paramedic Training Program.

Best regards,

Arthur J. Lewis II, NREMT-P
EMS Training Director
225-389-5155
Email: emstraining@brgov.com
Website: <http://brgov.com/dept/ems/>

**DEPARTMENT OF EMERGENCY MEDICAL SERVICES
2010 EMT-PARAMEDIC TRAINING PROGRAM**

EMS PARAMEDIC TRAINING PROGRAM APPLICATION PROCESS

This handout details the application process for the Department of Emergency Medical Services EMS Paramedic Training Applicant. There are 6 phases to the application process. Each phase must be completed before beginning the next phase and all phases must be completed before an applicant is eligible for employment. Phase completion does not guarantee that an applicant will be offered participation in the next phase. Some phases require that applicants report on a scheduled date and time. Failure to keep scheduled processing appointments without prior notice may be sufficient cause for application closure.

- Phase I Completion of Application and Submission of Documents
- Phase II Physical Fitness Assessment
- Phase III Written Entrance Exam
- Phase IV Background Investigation
- Phase V Oral Interview/Conditional Offer of Employment
- Phase VI Psychological Assessment, Physical and Drug/Alcohol Screen

PHASE I COMPLETION OF EMS PARAMEDIC TRAINING APPLICATION AND SUBMISSION OF DOCUMENTS

The application must be completed in its entirety and submitted with all required documents. The Paramedic Training Application packet and accompanying documents must be hand delivered **BY THE APPLICANT** on or before **March 31, 2010**. Any incomplete applications will be disqualified.

PHASE II PHYSICAL FITNESS ASSESSMENT

Applicants will be required to pass a physical fitness (PT) assessment. Applicants will undergo a medical screening consisting of a brief health history and blood pressure check to determine if the applicant can participate in the PT assessment. The PT assessment is based on standards set forth by the Cooper Institute for public service agencies. Each individual must meet 20% of Cooper Standards for their age and gender. The performance requirements with the appropriate category are attached. Assessments will be scheduled for the first week in December. Applicants failing the PT assessment will be allowed one re-test.

20% COOPER STANDARDS

Entrance Standards - Males

Activity	Age 20-29	Age 30-39	Age 40-49
1.5 Mile Run	13:58	14:33	15:32
Sit-ups	33	30	24
Push-ups	22	17	11

Entrance Standards – Female

Activity	Age 20-29	Age 30-39	Age 40-49
1.5 Mile Run	17:11	18:18	19:43
Sit-ups	24	20	14
Push-ups	10	8	6

PHASE III WRITTEN EXAMINATION

The **Test of Essential Academic Skills – TEAS®** will be administered by the Department of EMS. The test is taken on computer and graded electronically by **Assessment Technologies Institute, LLC (ATI)**. Upon passing the PT Assessment, applicants will be given a date, time and place to report for their exam. Applicants must achieve a minimum composite score of 65% on the **TEAS®** exam.

A \$25 required testing fee (money order, cashier's check or exact cash) payable to the Department of EMS must be brought by the applicant when reporting for their exam. Applicants will not be allowed to test without the \$25 testing fee. Applicants must present a valid Driver's License to sit for the exam.

The **Test of Essential Academic Skills – TEAS®** is an entrance exam that basically has four parts that ask you to answer multiple-choice questions covering the following:

- **Reading** – paragraph comprehension, passage comprehension, and inferences/conclusions (40 items, 50 minutes)
- **Math** – whole numbers, metric conversion, fractions, decimals, algebraic equations, percentages, and ratio/proportion (45 items, 56 minutes)
- **Science** – science reasoning, science knowledge, biology, chemistry, anatomy, physiology, basic physical principles, and general science (30 items, 38 minutes)
- **English and Language Usage** – punctuation, grammar, sentence structure, contextual words, and spelling (55 items, 65 minutes)

Your **TEAS®** scores are stored by ATI and are available to you via the Internet. You can also have your **TEAS®** results sent to other schools at minimal cost. You can prepare for the **TEAS®** in several ways by visiting the ATI website at:

www.atitesting.com/global/students/teas-online-practice.aspx

PHASE IV BACKGROUND INVESTIGATION

This phase does not require any action by the applicant but must be completed before proceeding to the next phase. Staff members will investigate each applicant's criminal, driving, and credit history. The applicant's employers and personal references will be interviewed.

PHASE V ORAL INTERVIEW AND OFFER OF CONDITIONAL EMPLOYMENT

Applicants will be interviewed by a selected panel of EMS employees. Those applicants meeting the selection criteria will be notified and offered a Conditional Offer of Employment contingent upon successful completion of Phase VI.

PHASE VI PRE-EMPLOYMENT MEDICAL EXAM

Upon acceptance of a Conditional Offer of Employment, applicants will be scheduled for a psychological evaluation, medical examination, and alcohol/drug screen.

**DEPARTMENT OF EMERGENCY MEDICAL SERVICES
2010 EMT-PARAMEDIC TRAINING PROGRAM
EMS PARAMEDIC TRAINING PROGRAM ENTRY REQUIREMENTS**

Applicants must meet the following requirements:

1. Must be 17 years and 10 months of age in order to enter the program.
2. Must be a U.S. Citizen.
3. High School diploma or G.E.D.
4. Valid Driver's License.
5. Pass the following tests:
 - Test of Essential Academic Skills (TEAS) (65% minimum)
 - Physical Fitness Assessment (20% Cooper Standards)
6. Pass the following medical examinations:
 - Physical
 - Liability Risk Assessment
 - Alcohol & Drug Screen
7. Physically able to perform the duties of EMT.
8. Current immunization status.
9. Free from communicable disease.
10. Must possess current American Heart Association Health Care Provider (CPR) Card and be maintained throughout the Paramedic Training Program.
11. Must pass criminal background check.
12. Must pass background investigation.
13. Must successfully clear interview process.
14. Must have health insurance and be maintained throughout the Training Program.

Disqualifiers:

1. Dismissed from any other EMS training program for reasons other than academic failure within two years prior to start of the current program.
2. Any felony conviction (whether by trial, guilty plea, or Nolo Contendere plea), or any misdemeanor conviction resulting from a felony case.
3. Any misdemeanor arrest that has not been expunged for the following:
 - drug use and/or possession,
 - crime against a person,
 - theft or any type of related activity against a person.
4. Any domestic violence conviction or a history or pattern of domestic violence.
5. Dishonorable discharge from the military.
6. Convicted, plead guilty to, or Nolo Contendere to a DWI or related charge in the last three years. A diversion or similar action is the same as a guilty plea.
7. Involved in two or more at fault crashes or had two or more moving violations in the last two years.
8. Rejected for employment with this agency on two prior occasions.
9. Applicant is intentionally untruthful, misleading, and/or fails to report any information requested during the hiring process.

Paramedic Training Program Curriculum Overview:

The Training Program is divided into three (3) major components: the EMT-Basic course, Anatomy & Physiology course, and the EMT-Paramedic course. The following is a general description of each:

- **EMT-Basic Course:**
160 Hours of didactic (classroom/laboratory)
36 Hours of field clinical experience
12 Hours of hospital clinical experience
- **Anatomy & Physiology Course:**
90 Hours of didactic (classroom/laboratory)
- **EMT-Paramedic Course:**
600 Hours of didactic (classroom/laboratory)
300 Hours of hospital/field clinical experience
240 Hours of summative field evaluation (field internship)

The Paramedic Training Program utilizes the National Highway Traffic Safety Administration, Department of Transportation, 1998-EMT Paramedic National Standard Curriculum as guide to educating the Paramedic. Hours listed above represent the minimum requirements. Additional hours may be added as necessary.

DIDACTIC EDUCATION:

The didactic portion provides the theoretical foundation necessary for success as a student and a professional paramedic.

LABORATORY EDUCATION:

Laboratory education allows students to develop psychomotor skills and apply concepts to clinical decision-making.

HOSPITAL/FIELD CLINICAL EDUCATION:

Hospital and Field Clinical education provides an opportunity for students to develop and apply theoretical knowledge and laboratory skills to the actual treatment of patients. Students will participate in various supervised clinical experiences within local hospitals and on EMS paramedic units (ambulances).

SUMMATIVE FIELD EVALUATION:

The summative field evaluation provides students with the opportunity to function as a team leader on actual 911 emergency calls, with EMS paramedics serving as mentors and preceptors, applying the knowledge and skills outlined above.

CLINICAL SITES:

Students will complete training in the following clinical areas:

Emergency Department	Woman's Clinic
Pediatric Departments	Psychiatric Hospital
Surgery Department, Anesthesia	Morgue
Respiratory Care	Labor and Delivery Units
Burn Unit	Neonatal Intensive Care Units
Intensive Care Units	Other Sites deemed necessary

**EAST BATON ROUGE PARISH
DEPARTMENT OF EMERGENCY MEDICAL SERVICES**

APPLICANT AGREEMENT FORM

I, _____, the undersigned applicant for an EMS
(print name)
Paramedic Training Program, at the Department of Emergency Medical Services (EMS) hereby agree to the following:

1. I understand my completed application packet must be received by the EMS Training Division, on or before Friday, March 31, 2010.
2. Type or print an answer to every question. If a question does not apply, indicate with N/A. If you are not sure if a question applies, contact the EMS Training Division.
3. I further understand that all of the requested information in the application will be provided by me, all statements or attachments are true and correct to the best of my knowledge, and that withholding pertinent information or providing inaccurate information may nullify my application.
4. Incomplete forms in any part of the application will not be processed and further consideration will not be given to the application.
5. I understand that I will be required to comply in a specified time period with any written or oral request communicated to me by any individual representing the EMS Training Division as it applies to my application.
6. I understand that this application process is part of the student selection process only and is not to be considered an indication or obligation by EMS in making an appointment for employment.
7. Failure to acknowledge or comply with any of the statements above may result in my disqualification as a candidate and delay of reapplication until the next Paramedic Training Program.

NOW THEREFORE, I hereby acknowledge that I have read and fully understand each of the statements contained herein above, and further, that I had the opportunity to ask for clarification of each of the statements, and that my signature was not placed hereon until I fully understood each statement.

(Signature)

Date

EMS PARAMEDIC TRAINING PROGRAM APPLICATION CHECKLIST

SECTION 1	PERSONAL DATA	_____
SECTION 2	FINANCIAL	_____
SECTION 3	EDUCATION & TRAINING	_____
SECTION 4	MILITARY SERVICE	_____
SECTION 5	EMPLOYMENT	_____
SECTION 6	PERSONAL REFERENCES	_____
SECTION 7	TRAFFIC RECORDS	_____
SECTION 8	SUMMARY	_____
SECTION 9	CERTIFICATION & RELEASE	_____
SECTION 10	AUTHORIZATION TO RELEASE	_____
SECTION 11-12	MILITARY RECORDS REQUEST FORM	_____

SECTION 1: PERSONAL DATA

1. Name: _____
Last First Middle

2. List any other name(s) that you have used or by which you have been known. Explain fully Why, where, and when it was used. Include nicknames, aliases, maiden name, and previous married name(s). Attach additional pages if needed.

3. Social Security Number: -- --

4. Driver's License Number: State: Expiration Date:

5. Have you ever used a different Social Security number? Yes No
If so, explain in detail.

6. Date of Birth: _____ / _____ / _____
Month Day Year

7. Place of Birth: _____
City State Country

8. Are you a Naturalized citizen? Yes No (*Attach copy of documentation*)

9. Race: _____

10. Gender: Female Male

11. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

12. Mailing Address: _____

SECTION 3: CRIMINAL BACKGROUND AFFIDAVIT

1. Have you ever received a DUI/DWI violation? Yes No
2. Are there any criminal charges currently pending against you?
If yes, please explain. Yes No
3. Are you currently on probation or parole? Yes No
4. Have you had any voluntary surrender, disciplinary action, consent order or settlement imposed, or is any disciplinary action pending on your license/certification in any state or jurisdiction? Yes No
5. Have you had other than an honorable discharge from the military? Yes No
6. Have you been named in a civil/malpractice case relating to your employment as a health care worker? Yes No
7. Have you had clinical privileges suspended, revoked, or limited? Yes No
8. Have you had or have a physical, mental, or emotional condition that might affect your ability to practice safely as a certified EMT? Yes No
9. Have you ever been arrested, charged with, convicted of, or pled guilty or no contest to, or been sentenced for any criminal offense, including all misdemeanors or felonies in Louisiana or any state? Yes No

NOTE: Even though an arrest or conviction has been pardoned, expunged, dismissed, or deferred, and your civil rights have been restored, you must answer “Yes” and attach certified copies of the bill of information or clerk of court records regarding any offenses.

I authorize the East Baton Rouge Parish Department of Emergency Medical Services to conduct a Criminal History check on me.

(Signature)

(Date)

SECTION 4: EDUCATION & TRAINING

1. High School Education:

From what high school did you graduate (name, address, & phone number)?

Did you receive a GED? Yes No Date _____

2. Secondary Education:

ACT Score _____ SAT Score _____

School Name: _____

Address: _____

From Mo/Yr	To Mo/Yr	Semester Hours	Quarter Hours	Degree Received	Mo/Yr Received
Major(s)					
Minor(s)					

School Name: _____

Address: _____

From Mo/Yr	To Mo/Yr	Semester Hours	Quarter Hours	Degree Received	Mo/Yr Received
Major(s)					
Minor(s)					

School Name: _____

Address: _____

From Mo/Yr	To Mo/Yr	Semester Hours	Quarter Hours	Degree Received	Mo/Yr Received
Major(s)					
Minor(s)					

SECTION 4: EDUCATION & TRAINING (continued)

3. List other schools or training (trade, technical, vocational, business):

School Name: _____

Address: _____

From Mo/Yr	To Mo/Yr	Degree/Certificate Received	Mo/Yr Received
Course of Study:			

School Name: _____

Address: _____

From Mo/Yr	To Mo/Yr	Degree/Certificate Received	Mo/Yr Received
Course of Study:			

4. List military training or specialized schools:

5. Special Qualifications and Skills: Indicate type of special licenses, such as pilot, radio operator, diver, etc., the licensing authority, where the license was first issued, and date the current license expires:

6. Hobbies and Sports: include your interests, hobbies, recreational activities, involvement in civic organizations, and other community service. Include service awards:

Activity	Years	Awards/Certificates

7. Have you ever been on probation, suspended, or dismissed from any college, university, or EMS program? If yes, please provide a letter of explanation with your completed application
 Yes No

SECTION 5: MILITARY SERVICE

1. Were you ever in any branch of the US Armed Forces? Yes No
 Branch: _____ (If no skip to Section 6)

2. Selective Service Number: _____
 (If unknown, call 1-847-688-6888 or visit www.sss.gov to obtain)

You must provide a DD Form 214 (Discharge) for each period of Non-continuous service.

3. Are you currently on active duty? Yes No
 (If yes, provide the information below)

Branch: _____
 Date Entered: _____
 Length of Commitment: _____
 Actual or Estimated Date of Separation: _____
 Grade/Rank: _____
 Current M.O.S.: _____
 Supervisor: _____
 Unit Mailing Address: _____

4. List **all** military service. (Attach additional pages if necessary)

Dates of Service: _____
 Branch of Service: _____
 Complete Unit Address: _____
 M.O.S.: _____
 Highest Rank: _____
 Type of Discharge: _____
 Reason for Discharge: _____
 Disciplinary Action: _____

SECTION 6: EMPLOYMENT HISTORY

1. List every period of employment or period of unemployment since age 17 or the last 10 years **whichever is longer**. Begin with present employment. Account for all time periods. Include all part-time, temporary, and/or seasonal employment, periods of unemployment, and school attendance. List complete addresses and telephone numbers. If you answer yes to disciplinary action attach an additional page and explain fully.

From Date:	Name & Address of Employer:	Job Title:
To Date:		Area Code & Telephone Number:
Salary:		Name of Supervisor:
Reason Left:		Disciplinary Action:
Job Duties:		

From Date:	Name & Address of Employer:	Job Title:
To Date:		Area Code & Telephone Number:
Salary:		Name of Supervisor:
Reason Left:		Disciplinary Action:
Job Duties:		

From Date:	Name & Address of Employer:	Job Title:
To Date:		Area Code & Telephone Number:
Salary:		Name of Supervisor:
Reason Left:		Disciplinary Action:
Job Duties:		

From Date:	Name & Address of Employer:	Job Title:
To Date:		Area Code & Telephone Number:
Salary:		Name of Supervisor:
Reason Left:		Disciplinary Action:
Job Duties:		

SECTION 7: REFERENCES

1. List at least 5 persons not related by blood or marriage. Do not list employers or supervisors, current or former. List individuals who have known you for at least three or more years. References must not have been used elsewhere in the application process.

Name	Complete Address <i>(Include City, State and Zip Code)</i>	Phone Number
		()
		()
		()
		()
		()

SECTION 8: TRAFFIC RECORDS

1. List the name and address of the insurance company(s) with whom you currently have automobile insurance. Note: Please enclose a copy of your proof of insurance card with your application.

2. List all traffic citations you have received, exclude parking citations.

Date	Agency / City / State	Charge	Disposition

3. List all vehicles owned or used by you on a regular basis.

Year	Make	Model	Color	Plate	State



SECTION 10: AUTHORIZATION TO RELEASE INFORMATION

Release from Liability:

I respectfully request and authorize you to furnish the Department of Emergency Medical Services any and all information that you have concerning me, my employment records, school and academic record (to include any disciplinary action), reputation, financial and credit status, criminal record, and my traffic record. Such information will include but will not be limited to: hospital, medical, physical, mental, military, police and court records, police reports including juvenile records, polygraph examination reports, background investigative material, and reports. This information is to be used to assist the Department of Emergency Medical Services in determining my qualifications and fitness for the position I am seeking. I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Name of Applicant (Print or Type)

Signature of Applicant



SECTION 11: AUTHORIZATION TO RELEASE INFORMATION

MILITARY RECORDS

TO: The National Personnel Records Center
St. Louis, MO

I respectfully request and authorize the National Personnel Records Center, St Louis, MO, or other custodians of my military record to release said records to the Department of Emergency Medical Services any and all information or photocopies that you have concerning my military personnel records to include medical records and any records of disciplinary action and/or court martial. This should also include an undeleted photocopy of my Report of Separation, DD214.

Name of Applicant (Print or Type)

Signature of Applicant

Address (Street, Apt. No., City, State, Zip Code)

Date: _____



**SECTION 12: PROVIDE COPIES OF THE FOLLOWING DOCUMENTS
ALONG WITH YOUR COMPLETED APPLICATION**

PROVIDE COPIES OF THE FOLLOWING:

1. COPY OF HIGH SCHOOL DIPLOMA OR G.E.D. AND TRANSCRIPT
2. COPY OF COLLEGE DIPLOMA AND TRANSCRIPT.
3. COPY OF DRIVER'S LICENSE.
4. COPY OF MILITARY DD214 IF APPLICABLE.
5. COPY OF HEALTH INSURANCE CARD.
6. COPY OF PROOF OF AUTOMOBILE INSURANCE.
7. COPY OF PROOF OF SELECTIVE SERVICE REGISTRATION
8. COPY OF CPR CERTIFICATION CARD
9. COPY OF ANY MEDICAL CERTIFICATION CARDS OR
CERTIFICATES.
10. IMMUNIZATION RECORDS