APPLICATION DEADLINE: MAY 5th 2014 for priority consideration for the August 2014 class. However, applications will be accepted until maximum enrollment (20 students) is met.

Prospective students may contact the Career-Technical Education Advisor (Sherry Gunn at sgunn@meridiancc.edu) or Program Director (Chris Lafferty at claffert@meridiancc.edu) for status of the program selection process.

To be eligible for admission to the EMS-Paramedic Technology program, the student must be a NREMT-BASIC (National Registered Emergency Medical Technician-Basic). Students must also have completed the prerequisite course of Anatomy and Physiology I and lab with a grade of “C” or better and meet general requirements for admission to Meridian Community College (see checklist below).

GENERAL ADMISSION APPLICATION CHECKLIST:

- Completed MCC “Application for Admission” form;
- Official high school transcript or GED transcript;
- Official transcript from all colleges attended;
- ACT or Accuplacer test scores.

The above items must be on file with the MCC Admissions Office (910 Hwy. 19 North; Meridian, MS 39307) by the May 1st application deadline.

PROGRAM APPLICATION CHECKLIST:

- Copy of National EMT – Basic Certification card;
- Completed applicant data form.

The above items must be submitted to Chris Lafferty, EMS – Paramedic Technology Program Director, by the May 1st application deadline.

NOTE: PROGRAM APPLICATION IS CONSIDERED ONLY IF ALL OF THE ABOVE MATERIALS HAVE BEEN RECEIVED BY THE MCC ADMISSIONS OFFICE AND THE PROGRAM DIRECTOR. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
MINIMUM PROGRAM ENTRANCE REQUIREMENTS:

___ ACT composite score of 17 or higher;

OR

___ Accuplacer reading score of 70 or above and arithmetic score of 60 or above;

OR

___ Complete 15 semester hours of general education coursework with a grade of “C” or better from an accredited college or university (Developmental coursework will not satisfy this requirement.);

AND

___ Cumulative grade point average (CGPA) of 2.00 (“C” average) on all previous college coursework;

AND

___ Possess valid National Registry certification as an Emergency Medical Technician (EMT) – Basic;

AND

___ Attend an EMS-Paramedic information session;

(Applicants who meet minimum program entrance requirements will receive notice from the Program Director about scheduling an information session AFTER the application deadline of May 1st.)

AND

___ Pass an EMT-Basic written examination and practical evaluation administered by program faculty.

SELECTION INFORMATION/PROCESS:

The EMS Admissions Committee will select a class of 20 from the pool of applicants.

Reminder: Any application with incomplete records will not be considered for admission.

Admission to the program is selective and competitive based on test scores, GPA, previously completed college coursework, and performance on the EMT-Basic examination and evaluation.

Priority consideration for selection will be given as follows:

1) In-district students who complete academic core courses and/or general education coursework at MCC;
2) Out-of-district students who complete academic core courses and/or general education coursework at MCC;
3) Mississippi residents who complete academic core courses and/or general education coursework elsewhere;
4) Out-of-state students.

MCC STATEMENT OF NONDISCRIMINATION:

Meridian Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion or age in admission or access to, or treatment or employment in its programs and activities. Compliance with Section 504 and Title IX is coordinated by Soraya Welden, Dean of Student Services, 910 Highway 19 North, Meridian MS 39307. Phone: 1-601-484-8623; Fax: 1-601-484-8635; Email: swelden@meridiancc.edu.

PROGRAM ACCEPTANCE CHECKLIST:

If accepted to the EMS-Paramedic Technology program, students will be required to submit the following prior to class registration:

- Completed Criminal Disclosure form (last document in packet);
- Proof of Hepatitis-B vaccination (or physician’s statement that vaccination is not advisable);
- CPR Health Care Provider Two-Year Certification through the American Heart Association;
- Proof of immunization for MMR and varicella;
- Mantoux Two-Step TB Skin Test.

After enrollment and prior to the start of clinical training:

- Drug screen;
- Criminal background check.

Students admitted into the program will be required to pay for fingerprinting and a background check. These fees will be attached as registration fees. Both fingerprinting and background check will be conducted on-site at MCC. The drug screen, which is random and unannounced, is coordinated by the EMS-Paramedic Technology Program Director.

BACKGROUND CHECK INFORMATION:

According to the Mississippi Code, “Mississippi Law requires healthcare professionals or Workforce Education students enrolled in programs whose primary purpose is to prepare professionals to render patient care services, submit to criminal background checks, and fingerprinting prior to beginning any clinical rotation in a licensed healthcare entity. If such fingerprinting or criminal background checks of the student discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-31-3 (l), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault or felonious abuse and/or battery of a vulnerable adult which has not been reversed on appeal or for which
a pardon has not been granted; the student shall not be eligible to be admitted to such health program of study or will not be eligible to participate in clinical training in a licensed entity.”

In addition to the disqualifying events listed in Section 37-29-232 of the Mississippi Code of 1972 annotated, clinical affiliates may, at their discretion, refuse to provide clinical experiences to any student whom the clinical affiliate feels is not suitable for employment or for the clinical experience setting.

Any drug conviction; bodily harm, neglect or abuse, or felony DUI conviction within a year of starting date of class is cause for denial of the clinical experience setting. Any convictions more than a year beyond the starting date of class will be examined by the “Review Standards Committee” with a decision rendered if the student is allowed to participate in the clinical experience setting. Any charges pending a resolution will require documentation of disposition from the student.

PROGRAM DESCRIPTION AND CURRICULUM:

Paramedics are responders who provide advanced emergency medical services in an external-hospital environment. Paramedics utilize ambulance-based resources and operate under the direction of a medical control physician within well-established parameters of medical care. The Emergency Medical Science Academy at MCC offers a postsecondary program for students who already possess a valid EMT-Basic national certification and have completed Human Anatomy and Physiology I and lab with a grade of "C" or better. Students must also pass Anatomy and Physiology II and lab with a grade of “C” or better” to complete the program. Each student must be 18 years or older and possess a high school diploma or GED certificate.

The Mississippi State Board of Health through the Bureau of Emergency Medical Services has approved the MCC Emergency Medical Science Academy to administer a paramedic program. The curriculum used by MCC exceeds the National EMS Educational Standards developed by the National Highway Traffic Safety Administration. A major portion of classroom instruction is devoted to understanding the anatomy, physiology, and pathophysiological processes related to emergency medical care. Laboratory experiences are used to build on a competency-based instruction model to include patient assessment and management skills required for the treatment of life-threatening problems in patients of varying ages.

The paramedic program requires a substantial clinical practicum that involves caring for patients in a hospital emergency department and one that provides medical control to emergency medical responders. Additional clinical experiences may be found in specialized cardiac care units, intensive care units, obstetrical suites, operating theaters, psychiatric clinics, and other specialized care wards. Multiple practicum experiences are required while working with an approved ambulance service that provides advanced life support services.

Upon successful completion of all required courses, students will be eligible to write the National Registry’s examination for paramedic certification.
To meet graduation requirements for this program, students must successfully complete the specified courses listed below with a grade of "C" or better and with an overall (cumulative) grade point average (CGPA) of 2.00 or better. A grade of "C" or better is required in each EMS course to progress in the program.

Students in the EMS-Paramedic Technology program must attend MCC full-time (15 or more semester hours credit).

PROGRAM PREREQUISITES:
- EMT-Basic National Registry certification;
- Completion of BIO 2513 and 2511 (or BIO 2514) - Anatomy and Physiology I and lab with grade of “C” or better.

PROGRAM CO-REQUISITE (3rd semester):
- BIO 2523 and 2521 (or BIO 2524) - Anatomy and Physiology II and lab with grade of “C” or better* (See curriculum sheet below.)

EMS-PARAMEDIC TECHNOLOGY
CERTIFICATE CURRICULUM

First Semester
EMS 1122 Intro to EMS Systems .................................................................................................................. 2
EMS 1314 Airway: Management, Respiration, and Oxygenation .................................................................... 4
EMS 1414 Patient Assessment ....................................................................................................................... 4
EMS 1513 EMS Practicum I .......................................................................................................................... 3
EMS 1614 Pharmacology ............................................................................................................................... 4
Total Hours .................................................................................................................................................. 17

Second Semester
EMS 1825 Cardiology ..................................................................................................................................... 5
EMS 1525 EMS Practicum II .......................................................................................................................... 5
EMS 2855 Medical .......................................................................................................................................... 5
EMS 2714 Trauma .......................................................................................................................................... 4
Total Hours .................................................................................................................................................. 19

Third Semester
EMS 1422 Special Patient Populations ........................................................................................................... 2
EMS 2414 Maternal/Child Emergencies ........................................................................................................ 4
EMS 2565 EMS Practicum III ....................................................................................................................... 5
EMS 2912 EMS Operations ........................................................................................................................... 2
*BIO 2523 Anatomy and Physiology II lecture and BIO 2521 A & P II lab .................................................. 4
  *if not previously completed
Total Hours .................................................................................................................................................. 17

Total Program Semester Hours .................................................................................................................. 53
ASSOCIATE OF APPLIED SCIENCE DEGREE OPTION

Candidates for graduation from and previous graduates of the EMS-Paramedic Certificate program may also receive the Associate of Applied Science degree by earning credit for the following general education courses:

BIO 2523/2521 or 2524 Anatomy & Physiology II and lab.................................................................4
ENG 1113 English Composition I ...........................................................................................................3
SPT 1113 Public Speaking ....................................................................................................................3

Humanities or Fine Arts Elective...........................................................................................................3
(Options include American History I or II, World Civilization I or II, Art Appreciation, Music Appreciation or Theater Appreciation, literature or philosophy courses)

Social or Behavioral Science Elective................................................................................................3
(Options include General Psychology, Introduction to Sociology, Introduction to Social Science, Introductory Anthropology, Human Growth & Development, Marriage & Family, Principles of Geography, Introduction to Criminal Justice, American Government)

Total Hours........................................................................................................................................16

Note: MCC’s Emergency Medical Science-Paramedic (EMS-P) Technology program is undergoing initial accreditation evaluation. The program, therefore, is not currently accredited.

MCC has received a Letter of Review, which is the official designation that a Paramedic program is in the "Becoming Accredited" process. It should be noted that Letter of Review is NOT a CAAHEP accreditation status. It is a status granted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the Accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT’s Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation.

For additional information, contact the Commission on Accreditation of Allied Health Education Programs at www.caahep.org or the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) at www.coaemsp.org.
**INSTRUCTIONS**
Complete this form in its entirety. Please type or print, making sure that all information is legible.
Return to Chris Lafferty, Program Director, by the May 1st application deadline.

**PERSONAL DATA:**

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<th>First</th>
<th>Middle</th>
<th>Maiden</th>
<th>Last</th>
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MCC ID (if known): ____________________________

Current Address: ________________________________________________________________

City: ____________________________ State: _____________ Zip Code: ______________

Home Phone: _________________ Cell Phone: _______________ Work Phone: _______________

E-mail address: ________________________________________________________________

**Emergency Contact Information**

<table>
<thead>
<tr>
<th>Primary Contact Name:</th>
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<tr>
<td>Relationship:</td>
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<tr>
<td>Home Phone:</td>
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<td>Cell (or other) Phone:</td>
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**EDUCATIONAL DATA/PROFESSIONAL PREPARATION:**

List all colleges (including MCC) and professional schools attended:

<table>
<thead>
<tr>
<th>Name and Location (City and State) of School</th>
<th>Dates of Attendance</th>
<th>Degree Awarded (if applicable)</th>
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**WORK EXPERIENCE:** (If additional room is needed, please attach a separate page.)

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<thead>
<tr>
<th>Employer:</th>
<th>Position Held:</th>
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<tbody>
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<td>Address and Phone Number:</td>
<td>Dates of Employment:</td>
<td></td>
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<tr>
<td>Duties:</td>
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<tr>
<td>Employer:</td>
<td>Position Held:</td>
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<td>Dates of Employment:</td>
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<tr>
<td>Duties:</td>
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</tbody>
</table>
If you are accepted into the EMS-Paramedic Technology program, do you plan to work?

_____ Yes   _____ No   If yes, please list work hours: ________________________________

What arrangements have you made with your employer to accommodate your school schedule?

_____________________________________________________________________________

_____________________________________________________________________________

Do you have any obligations that would cause you to miss class?  _____ Yes   _____ No

If yes, please list your prior obligations.  __________________________________________

_____________________________________________________________________________

PREVIOUS HEALTHCARE PROGRAM ENROLLMENT:

Have you ever been enrolled in a nursing or other health-related program?  _____ Yes   _____ No

If yes, please answer the following:

Type of program: ________________________________________________________________

School: ____________________________  City and State: ______________________________

Dates attended: ______________________  Did you graduate?  _____ Yes   _____ No

If you did not graduate, you will need a letter of good standing from the program director to accompany your application.

Are charges pending against you concerning licensure or practice in any state jurisdiction?

_______ Yes   _______ No   If yes, please attach explanation.

FELONY/MISDEMEANOR DECLARATION:

Have you ever been convicted of (or have charges pending against you for) a felony or misdemeanor in any state or jurisdiction?  _____ Yes   _____ No   If yes, please attach explanation.

Individuals who have been convicted, pleaded guilty, or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed health care facility or with an ambulance service in Mississippi. Applicants convicted of a misdemeanor or felony offense may be denied registration by the National Registry of Emergency Medical Technicians and/or certification by the Mississippi Department of Health – Bureau of EMS.

CERTIFICATION/AUTHORIZATION:

I certify that the information I have provided on this form is true and complete to the best of my knowledge and that I have not intentionally withheld any requested information. I authorize the companies, schools, or persons named herein to give information regarding my employment and qualifications. I understand that any misleading or incorrect statements may be a basis for denying program admission or immediate termination of enrollment.

__________________________________________________________  ______________
Signature of Applicant                                           Date
Criminal Disclosure Form
EMS-Paramedic Technology Program

Local Clinical Affiliates have a policy concerning criminal charges in addition to the state statute. This policy states that:

In addition to the disqualifying events listed in Section 37-29-232 of the Mississippi Code of 1972 annotated, clinical affiliates may, at their discretion, refuse to provide clinical experiences to any student whom the clinical affiliate feels is not suitable for employment or for the clinical experience setting.

Any drug conviction; bodily harm; neglect or abuse; or felony DUI within a year of starting date of class is cause for denial of the clinical experience setting. Any convictions within a timeframe of two (2) years and beyond the starting date of class will be examined by the “Review Standards Committee” with a decision rendered if the student is allowed to participate in the clinical experience setting.

Therefore, to better ensure you meet the clinical agency requirements, please provide the following information concerning any CONVICTION or PENDING CHARGES of both MISDEMEANOR and FELONY nature.

Name: _______________________________ Student ID: __________________

Phone #: ____________________________ Birth date: ______________________

Charges: ____________________________________________________________________

Date of charges: ____________________________________________________________________

Outcome or “disposition” of charges (What happened? Guilty plea? Paid a fine? Whatever happened as a result of the charge?)

______________________________________________________________________________

Explanation of occurrence: (use back of sheet if additional room is required)

Also, you must provide official documentation of the “disposition of the charges.” Typically, you can find this information by contacting the courthouse in the county where the charges were filed and asking for a copy of the “disposition.” You MUST present this “disposition of charges” to Ms. Sally Morgan in Reed Hall by ____________, ______, ________.

Month    Date    Year

I have listed all misdemeanors, felonies, infractions, pending charges, and violations on this form as noted above:

______________________________________________________________________________

Signature                                    Date