

WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES
APPLICATION FOR TRAINING AND CERTIFICATION
PARAMEDIC TRAINING PROGRAM

2018 Paramedic Program Applicant Checklist

- Questionnaire complete?
- State application complete?
- Two letters of reference?
- Resume?
- Copies of current certifications?
- CPR up to date?
- Nationally Registered?
- Applied to LCCC?
- Registered?
- Math 0920 or equivalent?
- English 1010 or equivalent?
- Vaccinations or titers –
 - Heb B
 - TB (<1year)
 - MMR
 - Tetanus (<10years)
 - Varicella

Call Charles Retz at 307.778.1149 or 307.275.2755 with questions

To be eligible for consideration for the 2018 Paramedic Training Program, all applications must be postmarked by **November 8th, 2017**. Any applications received postmarked after this date will not be considered.

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WYOMING OEMS SYSTEM FUNCTIONAL POSITION DESCRIPTIONS FOR EMT-PARAMEDIC

Each candidate must successfully complete the Wyoming Office of EMS approved Training Curriculum and achieve a passing score on the practical and written certification examinations.

The candidate must be at least eighteen (18) years of age when applying for EMT, EMT-I (Intermediate), or Paramedic Certification, or within six (6) months of the conclusion of the Division approved EMT Training Program.

The candidate must possess the ability to communicate verbally and via telephone and radio equipment.

The candidate must possess the ability to interpret written and oral instructions; must possess the ability to use good judgment and remain calm in high stress situations; must possess the ability to be unaffected by loud noises and flashing lights; must possess the ability to function efficiently throughout the entire work shift without interruption.

The candidate must possess the ability to interview patients, family members and bystanders; possess the ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; possess the ability to converse in English with co-workers and hospital staff as to the status of patients.

The candidate must possess good manual dexterity with the ability to perform tasks related to the delivery of the highest quality of patient care; must possess the ability to bend, stoop and crawl on uneven terrain; possess the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture, and possess the ability to work in low light and confined spaces.

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The college has a designated person to monitor compliance and to answer any questions regarding the college's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1217, TitleIX_ADA@lccc.wy.edu.

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COMPETENCY AREAS

EMT-Basic

The candidate must demonstrate competency in assessing a patient, handling emergencies utilizing Basic Life Support (BLS) equipment. Possess the ability to perform CPR, control hemorrhage, provide non-invasive treatment for inadequate tissue perfusion, splinting and spinal immobilization, use of semi-automatic defibrillator, possess the ability to administer self-assisted medications, manage environmental emergencies and emergency child birth.

EMT-Intermediate

The candidate must demonstrate competency in all EMT-Basic skills. Must be able to, if authorized; provide Advanced Life Support (ALS) using intravenous therapy, advanced airway management, medication administration and defibrillation according to guidelines established by the Wyoming Office of Emergency Medical Services.

EMT-Paramedic

The candidate must be competent in utilizing all EMT-Basic and EMT-Intermediate skills and equipment and be able to perform under other Advanced Life Support (ALS) standards for medical and trauma emergencies consistent with guidelines established by the Wyoming Office of Emergency Medical Services and under the direction of a Physician.

Description of Tasks

Receive call from dispatcher, respond verbally to emergency calls, read maps, may drive vehicle to emergency sites using most expeditious route, and observe ordinances and regulations.

Determine the nature and extent of illness or injury, take pulse and blood pressure, visually observe changes in skin color, make determination regarding patient status, establish priority in emergency care, render appropriate emergency care (based on competency level), may administer intravenous medications or fluid replacement, if certified and directed by medical control. May use equipment (based on competency level and certification) such as, but not limited to, monitor with defibrillator and perform endotracheal intubation to open airways and ventilate patients. Administer medications as authorized.

Assist in lifting, carrying and transporting patients to ambulance and on to the medical facility. Reassure patient and bystanders. Avoid under haste and mishandling of patients. Search for medical identification emblem to aid in care, extricate patients from entrapment, assess extent of injury, use prescribed techniques and appliances, radio dispatcher for additional assistance or service and provide light rescue services. Provide additional emergency care following established protocols.

Comply with regulations in handling the deceased; notify authorities and arrange for protection of property and evidence at scene. Determine appropriate facility to which patient will be transported, report nature and extend of injuries or illness to that facility, and ask for direction from medical control or emergency department. Identify diagnostic signs that require communication with medical facility.

Assist in removing patient from ambulance and into emergency facility. Report verbally and in writing, observations about and care of patient at the scene and en route to medical facility. Provide assistance to medical staff as required. Replace supplies, check all equipment for future readiness, maintain emergency vehicle in operable condition, ensures cleanliness and orderliness of equipment and supplies, and decontaminates vehicle interior.

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APPLICATION INSTRUCTIONS

Thank you for your interest in the Laramie County Community College Paramedic program.

Please ensure that you fill out this application in its entirety. Failure to do so may result in your application not being accepted.

The following items must be included and returned with your application:

- Completed Application (Ensure you provide ALL REQUIRED signatures)
- Written Interview
 - The interview questionnaire is included in this packet. You may use the included spaces to complete your answers; however, we highly recommend that you type the answers to your questions in a separate document to allow you to provide more detail.
- Copy of Current CPR Card
- Copy of Current EMT Certification or higher
- Copy of Current vaccinations
- Copy of Current ACLS Card (*If Applicable*)
- Copy of Current PALS Card (*If Applicable*)
- Any other obtained certifications

Please remember to apply for admission to Laramie County Community College in conjunction with the completion of this application if you are not currently an LCCC student. Applying to

LCCC can be completed at:

<http://www.lccc.wy.edu/admissions/index.aspx>

Please return the completed application and all required documents by November 8th, 2017 to:

Laramie County Community College
Paramedic Training Program, TC 109
1400 E. College Drive
Cheyenne, WY 82007

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APPLICATION

APPLICANT INFORMATION

Name (Last, First, MI):

Date of Birth:

SSN:

Phone:

Driver License #:

Driver License State:

Male

Female

Current Address:

City:

State:

ZIP Code:

PREVIOUS TRAINING

EMT Basic Class Location:

Date of Completion:

NREMT # and Expiration (If Certified):

EMT-A or EMT-I Class Location (If Applicable):

Date of Completion:

NREMT # and Expiration (If Certified):

Modules Completed:

Are you currently Wyoming State Certified?

Yes

No

State #:

AFFILIATION

Are you currently affiliated with an EMS Agency?

Yes

No

Name of Service:

Address:

City:

State:

ZIP Code:

Name of Supervisor:

Phone:

CRIMES AGAINST A PERSON, FELONY STATEMENT AND LICENSING ACTION

Have you ever been convicted of a crime against a person?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Have you ever been subjected to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?

Yes

No

**If you answered "yes" to any of the questions above, please provide details below.
You must also provide official documentation of the current status and disposition of the case.**

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APPLICATION (continued)

CERTIFICATION OF ELIGIBILITY (SIGN ONLY ONE)

Each student and/or candidate for Wyoming Office of Emergency Medical Services certification must sign one (1) of the two (2) following statements.

By checking this box and submitting this application, I hereby certify that I have read and understand the Functional Job Description of an EMT (Included in this packet). I have no conditions which preclude me from safely and effectively performing all the functions of the level of EMT for which I am seeking training and a state of Wyoming EMS Certification.

Name of Candidate *(Please Print)*:

Signature:

Date:

By checking this box and submitting this application, I hereby certify that I have read and understand the functional Job Description of an EMT. I will be submitting a request for an accommodation(s) for the Wyoming OEMS administered Certification Examination(s). I understand that if I am enrolled in a training course, I must contact the Wyoming OEMS no later than six (6) weeks prior to the Wyoming OEMS administered Written Certification Examination for this purpose. If I have already completed training, my written request for accommodation(s) must accompany this application.

Name of Candidate *(Please Print)*:

Signature:

Date:

STATEMENTS / AUTHORIZATION

By checking this box and submitting this application, I hereby certify that all statements made on this application are true and correct. False statements may result in removal from the program or denial of authorization to take the National Registry of Emergency Medical Technicians written examination.

I authorize the Wyoming Office of EMS to contact such agencies as may be necessary to verify this information. This shall also serve as a release for said agencies to provide information to the Wyoming Office of Emergency Medical Services.

Name of Candidate *(Please Print)*:

Signature:

Date:

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APPLICATION (continued)

WRITTEN INTERVIEW QUESTIONNAIRE (continued)

1) In your current level of certification, can you give one example of how you enhanced a patient's service / patient relations?

2) What reasons / Experiences attracted you to a career in EMS / Pre-hospital medicine?

3) How would you rank the value of pursuing continuing education (on a scale of 1-10)? Why?

4) What do you perceive are the primary duties of being a Paramedic?

5) What three characteristics do you have that will enable you to be a successful Paramedic? Explain why you chose each characteristic?

6) How did you find out about the Paramedic Program at LCCC?

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APPLICATION (continued)

WRITTEN INTERVIEW QUESTIONNAIRE (continued)

- 7) If accepted into the Paramedic program, what professional goals would you like to achieve in the next five years?
- 8) How do you deal with conflict (co-workers, physicians, instructors, fellow students)?
- 9) What motivates you to put forth your greatest effort?
- 10) Think of a situation where you had to interact with a difficult person (as a peer, customer, employee, etc.). Describe the circumstances of the situation and how you dealt with the person and situation in order to resolve the conflict.
- 11) This program is intense, but in the end very rewarding. Some comments from past graduates are: "study, study, study . . ."; "Be ready to give up a lot of time . . ."; "stay focused and don't give up . . ." Obviously, this program requires a great deal of study and clinical time. What types of support do you feel that you will have from family and friends?

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APPLICATION (continued)

WRITTEN INTERVIEW QUESTIONNAIRE (continued)

12) As a Paramedic, do you feel you would be able to take control of a scene, even when senior officers or other Paramedics are present? Why?

13) Think of a situation where you had multiple tasks to complete with similar deadlines. Describe the actions you took / will take to ensure the timely completion of the tasks.

14) Describe your role as a patient advocate.

15) Why should we accept you into the program over someone else?

16) What would you do if a psychotic patient became aggressive toward you?

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APPLICATION (continued)

WRITTEN INTERVIEW QUESTIONNAIRE (continued)

- 17) Please describe in detail how you would handle the situation outlined below;
- You arrive for your shift and find your partner sleeping on the couch in the station. You proceed with your unit check-off and in the process receive a dispatch to a cardiac arrest. Your partner comes to the ambulance and smells strongly of ETOH. They reply that the smell is their new cologne when asked. Describe how you would handle this situation.

Questions / Comments?

Name of Candidate *(Please Print)*:

Signature:

Date:

EVEN IF YOU COMPLETE THIS WRITTEN APPLICATION IN ANOTHER DOCUMENT, YOU MUST STILL SIGN.

**PLEASE READ THE INSTRUCTION SECTION OF THIS APPLICATION PACKET
BEFORE SUBMITTING IT TO MAKE SURE YOU HAVE INCLUDED ALL REQUIRED DOCUMENTS.**

or

and mail to: Charles Retz
Laramie County Community College
1400 E. College Drive, TC 109
Cheyenne, WY 82007

Email Instructions

Please note the pop-up window that appears after you click "EMAIL."

1. The window will ask you to select your email client.
2. If you use Microsoft Outlook Express, Microsoft Outlook, Eudora or Mail, click "OK" in the pop-up window. The form will be emailed to us. Please be sure that the email address is CRetz@lccc.wy.edu.
3. If you use any other client, such as Yahoo or Hotmail, choose "Internet Email," then click "OK."
 - The computer will save the form to your hard drive.
 - You must open your email account and attach the form to a message and email it to cretz@lccc.wy.edu.
4. Please contact Charles Retz at 307.778.1149 to make sure the form was received successfully.