



Thank you for your interest in the Department of Emergency Health Services at UMBC. The field of prehospital emergency care is indeed an exciting one and we look forward to your participation in our program. Enclosed you will find an application package to be completed and returned by Friday, **March 1, 2019**. Applications and information received after the deadline may disqualify you for the upcoming academic year, or put your application into the alternate list.

All applicants must be accepted to UMBC by August 23, 2019. Acceptance to the paramedic program does not equal acceptance to UMBC. The paramedic program is competitive. Applications will be evaluated by a selection committee and all eligible candidates will be invited for an interview. Interviews will be conducted on the UMBC campus on **April 6, 2019, from 9 am-4 pm**. On the 6th, you will have a series of interviews and a written examination to test your EMT-Basic knowledge, cognition, and other affective tenets.

Final notification of class selection will occur prior to May 1, 2019. Alternates may be selected in the event a candidate is unable to accept a seat in the class. **Please note that you must be able to document the completion of anatomy & physiology with a grade of C or better and 100 calls as an EMT prior to August 23, 2019. Inability to verify EMS experience may result your application being not considered.**

Please forward an official copy of transcripts from all colleges or universities that you have attended, with exception of UMBC. These should be in a sealed, signed envelope from the school's Registrar and included with the application. If you are currently a UMBC student, you may provide us with an unofficial transcript printed from myUMBC. References will be emailed directly to those that you have included in this application. Please note that recommenders must complete the form that is sent to them and reference letters will not be accepted.

We are required by clinical sites to provide documentation that a background check and drug test has been completed on each paramedic intern. You will need to go to <https://www.castlebranch.com/> and click on students, provide the information, and submit a credit card payment for \$74.50. Please read and follow the specific directions that are attached.

Though the deadline for the application packet is March 1, 2019, we encourage you to complete it early so that we may process your application and solicit your references.

Sincerely,

Gary B. Williams, Jr., B.S., NRP
Paramedic Program Director

Jaeyoung Yang, B.S., NRP
Clinical Coordinator

Enclosures: Application
 Completion checklist
 Instructions to Castlebranch.com and locations of local LabCorp labs

**UMBC Department of Emergency Health Services
Paramedic Track**

Completion Checklist

- _____ **Application**
- _____ **Appendix A: EMS/Fire Experience**
- _____ **Appendix B: EMT call volume verification**
- _____ **Appendix C: Personal Statement**
- _____ **Appendix D: Supplemental Information**
- _____ **Appendix E: Reference List**
- _____ **Appendix F: Incomplete Pre-requisites**
- _____ **Copies of all fire and EMS certifications, including instructorships**
- _____ **Transcripts from all non-UMBC colleges and universities, and an unofficial transcript from myUMBC for current students.**
- _____ **\$74.50 fee and application to <https://www.castlebranch.com/> and completion of background check and drug screen. All drug screening must be completed at a LabCorp lab.**

Due date for all material is March 1, 2019

University of Maryland Baltimore County (UMBC)
Department of Emergency Health Services
1000 Hilltop Circle, 316 Sherman Hall
Baltimore, Maryland 21250
(410) 455-3223 FAX: (410) 455-3045

CLASS OF 2021 ADMISSION APPLICATION
EMERGENCY HEALTH SERVICES PARAMEDIC TRACK

All applicants not currently enrolled at UMBC must be admitted to the University prior to acceptance to the EHS Paramedic Track.

01. Complete legal name (please print):

(Last) (First) (Middle)

02. Permanent home address:

03. Home telephone #: _____ Cell #: _____

04. Email address: _____ UMBC ID # (if applicable): _____

05. Are you currently a Maryland resident?

_____ Yes If yes, print county name or Baltimore City _____

_____ No If no, print state of residence _____

06. Are you a United States citizen? _____ If no, country of citizenship? _____

07. Are you currently enrolled as a student at UMBC? _____ Yes _____ No If yes, what is your current status (good standing, probation, suspension)?

08. Have you previously applied for admission to the Paramedic Track Program at UMBC?

_____ Yes _____ No If yes, when? _____

09. List ALL educational institutions (secondary schools, colleges, universities, professional schools) which you have attended or are now attending. Do not omit any institution where you have been a student.

(Full name and location of high school)	(No. of years and dates of attendance)	(Date of graduation)	
(Full name and location of other school)	(No. of years and dates of attendance)	(Date of graduation)	(Degree)
(Full name and location of other school)	(No. of years and dates of attendance)	(Date of graduation)	(Degree)
(Full name and location of other school)	(No. of years and dates of attendance)	(Date of graduation)	(Degree)

10. List your dates and places of employment for the past five years. If you have not been employed during this period, please indicate such. Do **not** list volunteer EMS or fire department activities in this section.

Employment:

Mo.	Yr.	Mo.	Yr.	Employer (Firm)	City	State	Fulltime	Part-time
From	_____	To	_____	_____	_____	_____	_____	_____
From	_____	To	_____	_____	_____	_____	_____	_____
From	_____	To	_____	_____	_____	_____	_____	_____
From	_____	To	_____	_____	_____	_____	_____	_____
From	_____	To	_____	_____	_____	_____	_____	_____

11. EMS or Fire Experience: If you have been associated with or worked for a volunteer or career EMS, Fire, or related agency; provide the following information and entitle it "**Appendix A: EMS or Fire Experience**": Name, address, and phone number of agency; highest ranking officer that can attest to your ability; dates of service; list of current certifications (include a copy of each); your activities and duties in the organization; other information that might be helpful to the Selection Committee.

12. Approximately how many EMS calls have you responded to in your prehospital career? _____ Of those, how many resulted in patient transports where you were involved as the primary EMT? _____ Secondary EMT? _____. "**Appendix B: EMT call volume verification** " Please attach documentation from your fire department stating the number of calls that you have been on as a BLS provider. Please note that only calls since you have been an EMT will count.

13. Enclose with your packet a statement of not more than 500 words which supports your interest and purpose in a career as a paramedic, the field of emergency medical services, or other medical career, entitled "**Appendix C: Personal Statement.**"

14. Conduct: Have you ever been convicted for the violation of any law, police regulation, or ordinance? _____ If yes, give full details on an attached sheet entitled "**Appendix D: Supplemental Information.**"

15. Recommendation forms will be mailed or emailed by the program. Please provide the requested information for the following individuals on a separate page entitled "**Appendix E: Reference List.**" Please provide the name, complete mailing address, phone #, **email**, and relationship to you for the following individuals. Remember that letters of reference will not be accepted.

- a. Chief officer at your EMS or fire agency
- b. High school, college, or university instructor
- c. Physician (preferred), nurse, PA, or other EMS provider who has worked with you, and can attest to your medical ability
- d. Reference of your choice (cannot be a direct relative)

16. There are certain classes that must be completed prior to you starting the Paramedic program. The following courses must be completed by August 23, 2019 with a C or better.

- a. Anatomy & Physiology 1 with lab
- b. Anatomy & Physiology 2 with lab
- c. General Chemistry 1 (equivalent to CHEM 123 or higher)
- d. General Chemistry 2 with lab (equivalent to CHEM 124 or higher)
- e. EMT certification
- f. 100 patient contacts as a certified EMT
- g. Abnormal Psychology
- h. Introduction to Statistics
- i. Grade point average of 2.5

On a separate page entitled "**Appendix F: Incomplete Pre-Requisites**" for any of the above classes that you have not received a grade of C or better, at time of submission of this application, please provide a detailed explanation of your plan. Your plan should include when and at what institution you plan on completing the course.

17. **Please enclose a copy of all non-UMBC college or university transcripts with this application packet, and an unofficial transcript of all UMBC course work.**

18. **Complete drug & background check information and submit \$74.50 fee to <https://www.castlebranch.com/>**

I certify that the information recorded on this application is truthful and correct. Misrepresentation or omission of facts in any statement will be considered adequate grounds for denying admission, or subsequent withdraw of offer. I agree to abide by the rules, policies, and regulations of the University of Maryland, Baltimore County and the Department of Emergency Health Services if I am admitted as a student. If the conditions affecting my status change, I will notify the Department of Emergency Health Services, in writing, with fifteen (15) days of such change.

(Signature of Applicant)

(Date)

DEADLINE FOR ADMISSION APPLICATION AND ALL SUPPORTING DOCUMENTS IS:

MARCH 1, 2019

The University of Maryland, and all its branches and divisions, subscribes to a policy of equal educational opportunities for all people of all races, creed, and ethnic origins. The University is required by federal regulatory agencies to supply admissions and enrollment information by racial, ethnic, and sex categories. Provision of the information is voluntary and will not be used to determine eligibility for admission.

All application materials and supporting documents become the property of the University of Maryland Baltimore County, Department of Emergency Health Services, and will not be returned to the applicant, forwarded to another institution, or duplicated for any purpose except consideration of the applicant.

Program availability is subject to change.

FOR OFFICE USE ONLY	
Date received _____	Application No. _____
Initial Status: <input type="checkbox"/> Admit <input type="checkbox"/> Reject <input type="checkbox"/> Wait List	
Final Status: <input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled	