



# PARAMEDIC ADMISSION APPLICATION

Class of 2022

Dear Applicant:

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 Monday, March 2, 2020. 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 27, 2020. 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 11, 2020, from 9 am–4 pm. On the 11th, 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, 2020. 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 27, 2020. 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 e-mailed 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 2, 2020, we encourage you to complete it early so that we may process your application and solicit your references.

Kyle David Bates, MS, NRP  
Clinical Assistant Professor  
Paramedic Program Director

Gary B. Williams, Jr., MS, NRP  
Clinical Coordinator

Enclosures:

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



**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 2, 2020**

**NOTE:**

**Include all appendices in your application even if the required appendix is not applicable to you. Simply title the page with the appendix number and below that write "Not Applicable."**



Paramedic Concentration  
**DEPARTMENT OF  
 EMERGENCY HEALTH SERVICES**

# PARAMEDIC ADMISSION APPLICATION

## Class of 2022

1000 Hilltop Circle, 316 Sherman Hall  
 Baltimore, Maryland 21250  
 (410) 455-3223 FAX: (410) 455-3045

Date Completed by Applicant:

### SECTION A - DEMOGRAPHICS

**COMPLETE Legal Name**

<b>.01</b>	Last	First	Middle

**Permanent Home Address**

<b>.02</b>	Street		Apartment
	City	State	Zip Code

**Phone Numbers**

<b>.03</b>	Cell	Home	Alternate

**E-mail**

**UMBC ID (if applicable)**

<b>.04</b>	E-mail	<b>.05</b>	UMBC ID

### SECTION B - RESIDENCY

**United States**

<b>.01</b>	Are you currently a citizen of the United States?	YES
		NO Country of citizenship:

**State of Maryland**

<b>.02</b>	Are you currently a resident of the State of Maryland?	YES Specific county or Baltimore City:
		NO State of residency:

**University of Maryland, Baltimore County**

<b>.03</b>	Are currently enrolled as a student at UMBC?	YES Academic status: Good standing Probation Suspension
		NO <i>All applicants not currently enrolled at UMBC must be admitted to the University prior to acceptance to the EHS Paramedic Track.</i>

### SECTION C - HISTORY

**Prior Application**

<b>.01</b>	Have you previously applied to the Paramedic Concentration at UMBC?	YES Year(s) of previous applications:
		NO

**High School Education**

<b>.02</b>	Full Name and Location	No. of Years	Dates	Graduated YES NO	Date
	Full Name and Location	No. of Years	Dates	Graduated YES NO	Date

**Other Education** (secondary schools, colleges, universities, professional schools - do not omit any of which you have been a student)

<b>.03</b>	Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree
	Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree
	Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree
	Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree

**Employment**

**.04** 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.

	Mo. / Yr	To	Mo. / Yr	Employer	City	State	Employment Status
From							Full Part
From							Full Part
From							Full Part
From							Full Part
From							Full Part
From							Full Part

**Appendix A: EMS or Fire Experience**

**.05** If you have been associated with or worked for a volunteer or career EMS, Fire, or related agency provide the following information: 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. Title this document *"Appendix A: EMS or Fire Experience."*

**Appendix B: EMT Call Volume Verification**

**.06** 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?

As a *Secondary* EMT?

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. Title this document *"Appendix B: EMT call volume verification."*

**Appendix C: Personal Statement**

**.07** 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. Title this document *“Appendix C: Personal Statement.”*

**Conduct**

**.08** Have you ever been convicted for the violation of any law, police regulation, or ordinance? YES NO If yes, give full details on an attached sheet entitled *“Appendix D: Supplemental Information.”*

**SECTION D - OTHER DOCUMENTATION**

**Appendix E: Reference List**

**.01** Recommendation forms will be mailed or e-mailed by the program. On a separate page entitled *“Appendix E: Reference List”* please provide the following information for each individual: their name; complete mailing address; phone number; e-mail address; and relationship to you. Potential references may include:

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

Letters of reference will *not* be accepted.

**Appendix F: Incomplete Prerequisites**

**.02** There are certain classes that must be completed prior to you starting the Paramedic program. The following must be completed by **August 27, 2020:**

1. Anatomy & Physiology 1 with lab with a C or better
2. Anatomy & Physiology 2 with lab with a C or better
3. General Chemistry 1 (equivalent to CHEM 123 or higher) with a C or better
4. General Chemistry 2 with lab (equivalent to CHEM 124 or higher) with a C or better
5. Abnormal Psychology with a C or better
6. Introduction to Statistics with a C or better
7. EMT certification
8. 100 patient contacts as a certified EMT
9. Grade point average of 2.5

For any of the above requirements that you have not met at time of submission of this application, please provide a detailed plan as to how you will achieve these deficiencies by the date identified above. Your plan should be specific, detailed and include when and at what institution(s) you plan on completing these requirements. Title this document *“Appendix F: Incomplete Pre-Requisites.”*

**Transcripts**

**.03** 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.

**Drug and Background Check**

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

**Certification**

**.05** 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

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.

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