



# PARAMEDIC ADMISSION APPLICATION

Class of 2023

Dear Applicant:

Thank you for your interest in the Department of Emergency Health Services (EHS) 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 1, 2021**, following the attached Submission Process Information Sheet. Applications and information received after the deadline may disqualify you for the upcoming academic year, or put your application into the alternate list.

Acceptance to UMBC by all applicants must occur **before August 31, 2021**. Acceptance into the paramedic program does not equal acceptance to UMBC. The paramedic program is competitive, and a selection committee will evaluate applications, with all eligible candidates receiving an invitation for an interview.

Interviews will occur virtually on **April 10, 2021**, from 9 am until 4 pm. On the 10th, 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 **before May 3, 2020**. Candidates who are not initially selected may receive an offer to fill an alternate spot when a candidate is unable to accept a seat in the upcoming 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 **before August 31, 2021**. Inability to verify some level of EMS experience will most likely result in your application not being considered.

You are to request official transcripts from all colleges or universities you have attended, except for UMBC. Current UMBC students may provide an unofficial transcript printed from [myUMBC](#). More information on the submission of these documents is in the attached Submission Process Information Sheet.

References that you provide will receive an email from our program with directions as to how the reference process works. Please note that we will only accept those recommendations that we receive through our process and not accept letters of reference.

Clinical sites require us to provide documentation of completion of a background check and drug test on each paramedic intern. You will need to go to the UMBC [ViewPoint Screening](#) website and click on start your order. You will then select Paramedic followed by "Background Check + Drug Test + Health Portal," which will begin the process. The cost of this service is \$75.

Though the deadline for the application packet is March 1, 2021, 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
- Submission Process Information Sheet
- Labcorp sites near UMBC



**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.

\$75 fee and application to <https://www.viewpointscreening.com/umbc> 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, 2021**

**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 2023

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               |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Permanent Home Address

|            |                      |                      |                      |
|------------|----------------------|----------------------|----------------------|
| <b>.02</b> | Street               | Apartment            |                      |
|            | <input type="text"/> | <input type="text"/> |                      |
|            | City                 | State                | Zip Code             |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Phone Numbers

|            |                      |                      |                      |
|------------|----------------------|----------------------|----------------------|
| <b>.03</b> | Cell                 | Home                 | Alternate            |
|            | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### E-mail

|            |                      |
|------------|----------------------|
| <b>.04</b> | <input type="text"/> |
|            | <input type="text"/> |

### UMBC ID (if applicable)

|            |                      |
|------------|----------------------|
| <b>.05</b> | <input type="text"/> |
|            | <input type="text"/> |

## SECTION B - RESIDENCY

### United States

|            |   |                            |
|------------|---|----------------------------|
| <b>.01</b> | Are you currently a citizen of the United States? | YES                        |
|            |   | NO Country of citizenship: |
|            |   | <input type="text"/>       |

### 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:                 |
|            |  | <input type="text"/>                   |

### 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> |
|            |  | <input type="text"/>   |

## 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                                    |
|            |   | <input type="text"/>                  |

**High School Education**

|            |                        |              |       |                        |      |
|------------|------------------------|--------------|-------|------------------------|------|
| <b>.02</b> | Full Name and Location | No. of Years | Dates | Graduated<br>YES<br>NO | Date |
|            | Full Name and Location | No. of Years | Dates | Graduated<br>YES<br>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<br>YES<br>NO | Date | Degree |
|            | Full Name and Location | No. of Years | Dates | Graduated<br>YES<br>NO | Date | Degree |
|            | Full Name and Location | No. of Years | Dates | Graduated<br>YES<br>NO | Date | Degree |
|            | Full Name and Location | No. of Years | Dates | Graduated<br>YES<br>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<br>Part      |
| From |          |    |          |          |      |       | Full<br>Part      |
| From |          |    |          |          |      |       | Full<br>Part      |
| From |          |    |          |          |      |       | Full<br>Part      |
| From |          |    |          |          |      |       | Full<br>Part      |
| From |          |    |          |          |      |       | Full<br>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 requirements that must be completed prior to you starting the Paramedic program. We must receive documented completion of these requirements no later than **August 31, 2021**.

Completion of the following courses, their equivalencies or higher, must occur with a C or better:

|   |  |
|---|--|
| <input type="checkbox"/> Concepts of Emergency Health Services (EHS 200/200Y) | <input type="checkbox"/> Concepts of Biology (BIOL 101)                  |
| <input type="checkbox"/> English Composition (ENGL 100)                       | <input type="checkbox"/> Anatomy & Physiology 1 with lab (BIOL 251/251L) |
| <input type="checkbox"/> Introduction to Psychology (PSYC 100)                | <input type="checkbox"/> Anatomy & Physiology 2 with lab (BIOL 252/252L) |
| <input type="checkbox"/> Abnormal Psychology (PSYC 285)                       | <input type="checkbox"/> General Chemistry 1 (CHEM 123)                  |
| <input type="checkbox"/> Introduction to Statistics (STAT 121)                | <input type="checkbox"/> General Chemistry 2 with lab (CHEM 124)         |

Candidates must also possess:

- Valid Maryland EMT certification or valid EMT certification from another state (NREMT and provisional are not accepted)
- Documentation of 100 patient contacts as a certified EMT
- Current 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 have official copies of all non-UMBC college or university transcripts sent to the Department of Emergency Health Services and, if a UMBC student, an unofficial transcript of all UMBC course work submitted with this application.

**Drug and Background Check**

**.04** Complete drug & background check information and submit \$75 fee to <https://www.viewpointscreening.com/umbc>

**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.

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Application No. \_\_\_\_\_

Initial Status: \_\_\_ Admit \_\_\_ Reject \_\_\_ Wait List Final Status: \_\_\_ Enrolled \_\_\_ Not enrolled



UMBC

Paramedic Concentration  
**DEPARTMENT OF  
EMERGENCY HEALTH SERVICES**

# PARAMEDIC ADMISSION APPLICATION

Class of 2023

## SUBMISSION PROCESS INFORMATION SHEET

Due to the current pandemic situation and limited access to the campus, candidates will submit their applications and associated documentation digitally through Box. Follow this [link](https://umbc.app.box.com/f/e2c0bb1e4df84de082f9fc8d85b0e163) or copy and paste this address into your browser: <https://umbc.app.box.com/f/e2c0bb1e4df84de082f9fc8d85b0e163>.

When uploading your files, please follow these directions:

1. Complete the application, which is a fillable PDF, using Adobe Acrobat.
  - a. If you do not have this software, you may download it for free by following this [link](https://get.adobe.com/reader/) or at <https://get.adobe.com/reader/>
    - i. Do not complete the application using a web browser, as it will not work properly.
    - ii. We will only accept PDF files; we will not accept screen shots or other image formats.
  - b. Resave the application using this naming format:  
Last name\_First name\_Application
2. Complete the appendices as required
  - a. Save these as a .doc or .docx format using this naming format:  
Last name\_First name\_Appendix <<Letter>>

3. Upload certifications and training certificates under Appendix A
  - a. A single file with all is preferred  
Last name\_First name\_Appendix A Certs
  - b. If a single file is not possible, name the files as such:  
Last name\_First name\_Appendix A  
<<Certification Name>>
4. Upload unofficial UMBC transcript  
Last name\_First name\_UMBC Transcript

Contact your schools or universities to have official transcripts mailed directly to the EHS Department. Please have them sent to:

UMBC  
Department of Emergency Health Services  
1000 Hilltop Circle  
316 Sherman Hall  
Baltimore, Maryland 21250  
Attention: Kyle Bates

Once this is complete, please email Kyle Bates informing him of your submission. He will then provide you confirmation of receipt of your application.

### **NOTE:**

**Failure to adhere to these directions may result in loss of all or parts of your application or delay in processing.**

**Emailed applications WILL NOT BE ACCEPTED.**

Please refer all questions to [KyleDavidBates@umbc.edu](mailto:KyleDavidBates@umbc.edu)

| Distance | Name    | Address   | Phone         | Days  | Hours  | Service   |
|----------|---------|---|---------------|---|--|---|
| 4.3      | LABCORP | <u>701 DIGITAL DRIVE LINTHICUM, MD 21090</u>            | (410)609-1350 | MON - FRI CLOSED LUNCH OTS ONLY               | 7:00A-4:00P 12:00P-1:00P                                 | Urine Drugs, Radar, Hair, Appointment Scheduling                  |
| 11.4     | LABCORP | <u>1576 MERRITT BLVD DUNDALK, MD 21222</u>              | (410)288-1378 | M-FR SA DRUG SCREENS 10:00A-3:00P             | 7:30A-4:30P 7:30A-12:00P M-FR                            | Saliva Alcohol, Urine Drugs, Fingerprints, Appointment Scheduling |
| 11.8     | LABCORP | <u>7801 YORK ROAD TOWSON, MD 21204</u>                  | (410)296-0729 | M-FR SA DRUG SCREENS                          | 7:00A-5:00P 8:00A-12:00P M-F 10A-3P                      | Urine Drugs, Appointment Scheduling                               |
| 12.6     | LABCORP | <u>25 CROSSROADS DRIVE OWINGS MILLS, MD 21117</u>       | (410)902-7389 | M-FR SA DRUG SCREENS M-FR                     | 7:30A-4:00P 8:00A-12:00P HOURS 9:00A-2:00P               | Urine Drugs, BloodDrugs, Appointment Scheduling                   |
| 14.0     | LABCORP | <u>13944 BALTIMORE AVE LAUREL, MD 20707</u>             | (301)725-8491 | MONDAY-FRIDAY SATURDAY                        | 7:00A-4:00P 7:00A-12:00P                                 | Appointment Scheduling  |
| 15.2     | LABCORP | <u>1000 LIBERTY ROAD ELDERSBURG, MD 21784</u>           | (410)852-6516 | M-FR SA CLOSED LUNCH DRUG SCREENS: 10:00-1:00 | 7:30A-4:00P 7:30A-11:30A 1:00P-2:00P MON-FRI 2:00-3:00PM | Urine Drugs, Appointment Scheduling                               |
| 16.8     | LABCORP | <u>10 WARREN ROAD COCKEYSVILLE, MD 21030</u>            | (410)866-1688 | M-FR DRUG SCREENS                             | 8:00AM-4:00PM 10:00A-2:00P                               | Urine Drugs, Appointment Scheduling                               |
| 19.4     | LABCORP | <u>12210 PLUM ORCHARD DRIVE SILVER SPRING, MD 20904</u> | (301)886-1512 | MON-FRI DRUG SCREENS SAT DRUG SCREENS         | 7:30A-4:30P 8:00A-3:00P 8:00A-12:00P 8:30A-10:00A        | Urine Drugs, Radar, Hair, Appointment Scheduling                  |
| 19.6     | LABCORP | <u>12200 ANNAPOLIS RD GLENN DALE, MD 20769</u>          | (301)262-1286 | MON-FRI DRUG SCREENS SAT DRUG SCREENS         | 6:30AM-3:30PM 7:00AM-2:30 7:00A-11:00AM 7:30AM-10:30A    | Urine Drugs, BloodDrugs, Appointment Scheduling                   |
| 24.6     | LABCORP | <u>3169 BRAVERTON STREET EDGEWATER, MD 21037</u>        | (410)856-3834 | M-FR CLOSED LUNCH DRUG SCREENS                | 8:00A-4:00P 12:30P-1:00P 9:00A-2:00P                     | Urine Drugs, Appointment Scheduling                               |
| 25.2     | LABCORP | <u>205 CENTER STREET MT AIRY, MD 21771</u>              | (301)829-2089 | MON - FRI DRG SCREENS SATURDAY NO DRG SCREEN  | 7:00AM-6:00PM 10:00A-2:00P 7:00AM-11:00A ON SATURDAY     | Urine Drugs, Radar, Appointment Scheduling                        |
| 25.7     | LABCORP | <u>844 WASHINGTON ROAD WESTMINSTER, MD 21157</u>        | (410)848-2045 | M-FR CLOSED LUNCH DRUG SCREENS 9:00A-11:00A   | 9:00A-5:00P 12:00P-1:00P 1:00P-3:00P                     | Urine Drugs, BloodDrugs, Appointment Scheduling                   |
| 29.7     | LABCORP | <u>1145 19TH ST NW STE 601 WASHINGTON, DC 20036</u>     | (202)293-9225 | M-FR DRUG SCREEN                              | 8:00A-4:00P 9:00A-3:00P                                  | Urine Drugs, Radar, Appointment Scheduling                        |
| 29.9     | LABCORP | <u>2112 DIDONATO DRIVE CHESTER, MD 21619</u>            | (410)643-4673 | M-FR CLOSED LUNCH DRUG SCREENS                | 7:00A-2:30P 12:30P-1:00PM 9:00A-2:00PM                   | Urine Drugs, Appointment Scheduling                               |
| 29.9     | LABCORP | <u>2021A EMMORTON RD STE 122 BEL AIR, MD 21015</u>      | (410)869-3856 | M-FR SA DRUG SCREENS M-FR                     | 7:00AM-5:00PM 7:00AM-NOON 11:00A-3:00P                   | Urine Drugs, Radar, BloodDrugs, Appointment Scheduling            |