

**PARAMEDIC TRAINING PROGRAM**

**STUDENT APPLICATION**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_ Term \_\_\_\_\_\_\_\_Year \_\_\_\_\_ Cohort \_\_\_\_\_**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**CONTACT INFORMATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone(s) Home Cell Email**

**Questions:**

**Are you High School graduate? Yes No**

**Are you an active NREMT Basic or Advanced in the State of Louisiana? Yes No**

**Do you have a valid driver’s license? Yes No**

**Are you at least 18 years of age? Yes No**

**Do you have a college degree? Yes No**

**Do you enjoy attending school? Yes No**

**Do you understand the health requirements for this class? Yes No**

**Did you complete the Health Expectation Form? Yes No**

**Are there any issues you may need to discuss with our staff? Yes No (Staff will contact you to discuss)**

**SUCH AS: Physical disabilities**

**Uncertainty regarding our program**

**Questions regarding the Paramedic profession**

**Criminal background issues**

**Chemical dependency issues**

**Uncertainty regarding your passion for EMS**

**Are you currently working in the EMS field? Yes No**

**If so, who is your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you provided direct patient care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you been an EMTB? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Degree(s) earned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When learning new information or procedures, you retain it better by (you can have more than one answer)**

**\_\_\_\_reading it**

**\_\_\_\_seeing it**

**\_\_\_\_listening to someone explain it**

**\_\_\_\_doing it myself**

**\_\_\_\_working with a small group to better understand it**

**\_\_\_\_working alone to better understand it**

**(If needed, use the back of this form or another sheet for more space)**

**What is the most appealing aspect of becoming a Paramedic, why do you want to do this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your 5 year vision? (From a professional perspective, where do you want to be in 5 years, what do you want to accomplish in those 5 years)**

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**Describe yourself (What motivates you, things that aggravate you or stress you, how you cope with stress)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any additional comments you would like to share with program staff?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**We will contact you for review/questions, but feel free to contact one of our team members if needed. Thank you for applying and we look forward to working with you.**

**Joey Presley, BBA, RN, NRP John Lane, BS, NRP**

**Program Director Clinical Coordinator**

**(318) 670-9567 (318) 670-9566**

**Email-jpresley@susla.edu Email-** jlane@susla.edu

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Division of Allied Health Sciences**

**Paramedic Training Program**

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**HEALTH EXPECTATIONS**

Individuals must be in good physical and mental health. Good physical and mental health is necessary for students to meet physical performance standards and possess the clarity of mind necessary for healthcare duties. They should also have the ability to critically think using sympathetic, congenial, cordial, versatile, and ambitious reasoning. Applicants must also be dependable, responsible, and reliable. Candidates must be able to meet all technical standards required of the program.

Qualified applicants are expected to meet all admission criteria and matriculating students are expected to meet all progression criteria, as well as these essential functions. Students requesting accommodations to meet these criteria must inform the Program Director in writing of the need for accommodations at the time of admission or at the time of registration for Paramedic Training.

See the following: Paramedic Essential Functions Description **and** Essential Functions Compliance Sheets to establish an understanding of requirements

**PARAMEDIC ESSENTIAL FUNCTIONS DESCRIPTION**

|  |  |
| --- | --- |
| **FUNCTION ABILITY CATEGORY** | **REPRESENTATIVE  ACTIVITY/ATTRIBUTE** |
| **GROSS MOTOR SKILLS** | * Move comfortably and efficiently within confined spaces * Sit and maintain balance for duration of procedure * Stand and maintain balance for duration of procedure * Reach above shoulders (e.g., IV poles) * Reach below waist (e.g., plug electrical appliance into wall outlets |
| **FINE MOTOR SKILLS** | * Pick up and hold objects with hands * Grasp and manipulate small objects with hands (e.g., IV tubing, pencil) * Write legibly with pen or pencil * Key/type with efficiency and accuracy (e.g., use a computer) * Pinch/pick or otherwise work with fingers (e.g., manipiulate a syring) * Twist (e.g., turn objects/knobs using hands) * Squeeze with finger (e.g., eye dropper) |
| **PHYSICAL ENDURANCE** | * Stand (e.g., at patient side during therapuetic procedure and sometimes in adverse weather) * Sustain repetitive movements (e.g., CPR) * Maintain physical tolerance (e.g., work entire shift) * Squat or kneel through procedures |
| **PHYSICAL STRENGTH** | * Push and pull 25 pounds (e.g., position patients) * Support 25 pounds (e.g., ambulate patient) * Lift 25 pounds (e.g., pick up child, transfer patient) * Move light object weighing up to 10 pounds (e.g., IV poles) * Move heavy objects (weighing from 11-50 pounds) * Protect self agains combative patient * Carry equipment/supplies from place to place as needed from procedures * Use upper body strength effectively (e.g., perform CPR, physically restrain a patient) * Squeeze with hands (e.g., operate fire extinguisher) * Lift patients from ground to stretcher (weighing up to 250 pounds with assistance of one to two additional persons) * Lift patient on stretcher into ambulance (weighing up to 250 pounds with assistance of one to two additional persons) |
| **MOBILITY** | * Twist to accomplish tasks and complete procedures * Bend to accomplish tasks and complete procedures * Stoop/squat to accomplish tasks and complete procedures * Move quickly (e.g., response to an emergency) * Climb (e.g., ladders, stools, stairs) * Walk (sometimes in adverse weather and/or on uneven terrain as needed in rescue situationsd) |
| **HEARING** | * Hear typical speaking level sounds (e.g., person-to-person report) * Hear faint voices (e.g., distressed or weakened patient) * Hear faint body sounds (e.g., blood pressure sounds, assess lung sounds) * Hear in situations when not able to see lips (e.g., when masks are used) * Hear auditory alarms (e.g., monitors, fire alarms, call bells) |
| **VISUAL** | * See small objects up to 20 inches away (e.g., information on a a computer screen, skin condition) * See objects up to 20 feet away (e.g., patient in a room) * See object more than 20 feet away (e.g., patient at end of hall) * Use depth perception for effective functioning * Use peripheral vision for effective functioning * Distinguish color (e.g., color codes on supplies, charts, bed) * Distinguish color intensity (e.g., flushed skin, skin paleness) |
| **TACTILE** | * Feel vibrations (e.g., palpable pulses) * Detect temperature (e.g., skin solutions) * Feel differences in surface characteristics (e.g., skin turgor, rashes) * Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks) * Detect environment temperature (e.g., check for drafts) |
| **SMELL** | * Detect odors from patient (e.g., foul smelling drainage, alcohol breath, etc.) * Detect smoke that cannot be seen * Detect gases or noxious smells with no visual indicator |
| **INTERPERSONAL SKILLS** | * Negotiate interpersonal conflict * Respect differences in patients * Establish rapport with patients * Establish rapport with co-workers * Accept responsibility for actions in delivery of prehospital care * Accept correction and redirection in a professional manner and adjust appropriately |
| **ANALYTICAL SKILLS** | * Transfer knowledge from on situation to another * Process information and apply knowledge quickly * Evaluate outcomes and make appropriate recommendations * Problem solve * Prioritize tasks * Use long term memory effectively and efficiently * Use short term memory effectively and efficiently |
| **CRITICAL THINKING** | * Identify cause-effect relationships * Plan/control activities for others * Synthesize knowledge and psychomotor skills * Sequence information, events, and activities accurately |
| **READING and**  **ARITHMETIC COMPETENCE** | * Read and understand written documents (e.g., policies, protocols) * Read and understand columns of writing (flow sheet, charts) * Read and understand digital displays * Read and accurately interpret graphic printouts (e.g., ECG) * Calibrate equipment accurately * Convert numbers to and/or from the Metric System accurately * Read graphics (e.g., vital sign sheets * Tell time accurately (in military time) * Measure time and keep running record (e.g., count durations of contractions, etc.) * Count rates and keep a running record (e.g., drips per minute, pulse) * Use measuring tools (e.g., thermometer) * Read and record measurement marks accurately (e.g., measurement tapes, scales, etc.) * Add, subtract, multiply, and/or divide whole numbers accurately * Compute fractions and decimals accurately (e.g., medication dosages) * Use a calculator effectively * Write number in records accurately |
| **EMOTIONAL STABILITY** | * Establish therapeutic boundaries * Provide patient with emotional support (e.g., compassion) * Adapt to changing environment/stress * Deal with the unexpected (e.g., patient deteriorating, crisis) * Focus on attention task (e.g., situational awareness) * Monitor own emotions * Peform multiple responsibilities concurrently * Handle strong emotions (e.g., grief) * Demonstrate sound mental health to safely engage in the practice of prehospital care   Demonstrate professionsl and ethical standards of practice under stressful and ideal conditions |

**Essential Health Functions Compliance (Must be able to check “yes” to all)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Function** | **Yes** | **No** | **If no, please comment** |
| Mobility | 1. Have physical stamina to stand and walk for 8+ hours in a clinical or field setting |  |  |  |
| 1. Can stand on both legs, move about freely, and maneuver in small spaces. *Physical disabilities must not pose a threat to safety of the student, faculty, patients, or other healthcare workers.* |  |  |  |
| Flexibility | 1. Can bend the body downward and forward by bending at the spine and waist. |  |  |  |
| 1. Can flex and extend all joints freely |  |  |  |
| Strength | 1. Can raise objects from a lower to a higher position or move objects horizontally from position to position.   *This factor requires the substantial use of the upper extremities and back muscles.* |  |  |  |
| 1. Possess mobility, coordination and strength to push, pull or transfer heavy objects. (Strength to life 50 lbs. frequently and 75 lbs. or more occasionally). |  |  |  |
| Fine Motor Skills and Hand/Eye Coordination | 1. Possess manual dexterity, mobility, and stamina to perform CPR |  |  |  |
| 1. Can seize, hold, grasp, turn, and apply pressure and otherwise work with both hands. |  |  |  |
| 1. Can pick, pinch, or otherwise work with fingers |  |  |  |
| Auditory Ability | 1. Possess sufficient hearing to assess patient’s needs, make fine discrimination in sound, follow instructions, and communicate, with other healthcare workers. *Please comment if corrective devices are required* |  |  |  |
| Communication | 1. Possess verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions accurately. |  |  |  |
| 1. Able to read, comprehend, and write legibly in the English language |  |  |  |
| Interpersonal Skills | 1. Able to interact purposefully and effectively with others. |  |  |  |
| 1. Able to convey sensitivity, integrity, respect, compassion, and a mentally healthy attitude |  |  |  |
| 1. Oriented to reality and not mentally impaired by mind altering substances |  |  |  |
| 1. Able to function safely and effectively during high stress periods |  |  |  |

**If you are unable to fully meet any of the above listed criteria, you will need to meet with the Southern University ADA Coordinator. A student who is seeking accommodations and services on the basis of a disability are required to submit documentation to verify eligibility for services.**

Receiving academic accommodations at Southern University takes several steps:

1. Students must complete an accommodation request form from the ADA Coordinator’s office each semester.
2. Students may hand-deliver the letter or have it sent to to each instructor through campus e-mail.
3. Students must arrange a meeting with their instructor(s) to discuss the proposed accommodations listed in the letter**.**
4. Students with disabilities must maintain the same responsibility for their education as students who do not have disabilities. This includes maintaining the same academic levels, maintaining appropriate behavior and giving timely notification of any special needs.
5. Utilize accommodations available to you; asking for assistance is not a sign of weakness or dependence. It is our goal to help you achieve your educational pursuits.

Applicant: By signing, you are verifying that you have the needed health functions tocomplete this program as indicated in the **Essential Health Functions Compliance** **Form.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

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DEPARTMENT OF ALLIED HEALTH and NURSING

PARAMEDIC TRAINING PROGRAM

**Professional Behavior Evaluation**

Use the spaces below each category to explain any “Not yet Competent” ratings. When possible, use specific behaviors and corrective actions.

|  |  |  |  |
| --- | --- | --- | --- |
| **INTEGRITY** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include: but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.* | | | |
| **EMPATHY** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.* | | | |
| **SELF-MOTIVATION** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.* | | | |
| **APPEARANCE AND PERSONAL HYGIENE** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.* | | | |
| **SELF-CONFIDENCE** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.* | | | |
| **COMMUNICATIONS** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.* | | | |
| **TIME MANAGEMENT** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.* | | | |
| **TEAMWORK AND DIPLOMACY** | **Competent (5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency (3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.* | | | |
| **RESPECT** | **Competent(5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency(3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.* | | | |
| **PATIENT ADVOCACY** | **Competent(5 pts)**  **\_\_\_\_\_\_\_\_** | **Approaching Competency(3 pts)**  **\_\_\_\_\_\_\_\_** | **Not yet Competent (1 pts)**  **\_\_\_\_\_\_\_\_** |
| *Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.* | | | |

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 50 points possible – minimum score is 40 points or greater

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Division of Allied Health Sciences**

**Paramedic Training Program**

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**STUDENT STATEMENT OF CONFIDENTIALITY**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will not reveal any information concerning patients or clients to anyone not authorized to discuss the individual’s physical and/or psychological condition. I agree not to discuss or seek information concerning patients, fellow students, instructors or personal acquaintances (i.e. grades, attendance records or medical history), to which I have no authorization nor legitimate interest. If I commit any of the aforementioned violations, I understand that I am subject to non-acceptance/dismissal from the Paramedic Training Program of Southern University at Shreveport.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

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**Southern University at Shreveport**

**Paramedic Training Program**

**Admission Check Sheet**

Applicants must contact one of the following program officials to set up an appointment to meet. Program requirements and an application packet will be provided.

**Joey Presley, BBA, RN, NRP John Lane, BS, NRP**

**Program Director Clinical Coordinator**

**(318) 670-9567 (318) 670-9566**

**Email-jpresley@susla.edu Email-** jlane@susla.edu

Checklist:

\_\_\_\_\_\_\_\_ Program meeting

\_\_\_\_\_\_\_\_ Complete an application for the Paramedic Training Program and turn it in to one of the above officials

\_\_\_\_\_\_\_\_ Must be 18 years of age

\_\_\_\_\_\_\_\_ Proof of current, at minimum, NREMT B Certification and state of LA EMTB Certification (card copies)

\_\_\_\_\_\_\_\_ Copy of current driver’s license

\_\_\_\_\_\_\_\_ Signed Confidentiality Form

\_\_\_\_\_\_\_\_ Complete drug screen and background check verification as directed

\_\_\_\_\_\_\_\_ Essential Functions Compliance Form (Must be able to check “yes” to all)

\_\_\_\_\_\_\_\_ Complete the application process for the university and be accepted

\_\_\_\_\_\_\_\_ Submit an official high school transcript or General Education Development (GED) test scores.

\_\_\_\_\_\_\_\_ Submit official transcript (s) from ALL colleges attended with the application packet.

(ONLY the grades that are included on your official transcript will be assessed)

Student:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_