

September 3, 2019

Dear Applicant,

Thank you for your interest in Great Basin College's Associate of Applied Science Degree in Paramedicine Program.

All application material must be submitted (in-person or by mail) to Great Basin College, Health Science and Human Services Department, 1500 College Parkway, Elko, NV 89801. The deadline for receipt of all application material for Fall 2020 admission consideration is Tuesday, May 1, 2020 at 5:00 p.m.

Please take the time to carefully review the application packet and note that <u>you</u> are responsible for making certain that your application is complete. You will <u>not</u> be notified if items are missing from your application file. You may call the Health Science and Human Services Department at 775-753-2301 to ask if your application material has been received. Only official, sealed copies of transcripts are accepted (i.e., no faxed transcripts will be considered). Please note: applications are not kept from year to year. If you are reapplying, you must resubmit all forms.

You will be notified during the week of June 1, 2020 whether or not your application is complete. Should you be accepted to the Program, you must also attend a mandatory paramedic program new student orientation. This date will be determined at a later time.

If you have any questions, please contact David Ellis at (775) 753-2007.

Sincerely,

David Ellis, DC, NRP, FP-C

Paramedic/EMS Program Director

APPLICATION PACKET CONTENTS:

- 1. Essay, Academic and Transcript Information
- 2. Application Form
- 3. EMS Eligibility Screening Questions
- 4. Functional Abilities and Technical Standards
- 5. Admission/Selection Criteria Information

A COMPLETED APPLICATION MUST INCLUDE:

- 1. Completed and Signed Application Form
- 2. Copy of Current AEMT License
- 3. Official Transcripts (if non-GBC coursework)
- 4. Completed and Signed EMS Screening Questions
- 5. Completed and Signed Functional Abilities and Technical Standards
- 6. Essay

ALL APPLICATION DOCUMENTS MUST BE RECEIVED BY GREAT BASIN COLLEGE NO LATER THAN 5:00 p.m. May 1, 2020 FOR CONSIDERATION.

SEND APPLICATION AND DOCUMENTS TO:

Great Basin College Attn: AAS-Paramedic Program 1500 College Parkway Elko, NV 89801

ESSAY, ACADEMIC, AND TRANSCRIPT INFORMATION

ESSAY INFORMATION

Many first year paramedic students describe their biggest challenges in the program as the huge amount of time and the workload required for their paramedic courses. They say that new students must be very flexible and able to adapt to changing schedules and balancing family needs to make their paramedic education the priority.

Describe the strategies you would use and the strengths or resources you have to help you meet these challenges if you are accepted into the program.

Consider this an essay that provides an example of your planning and writing ability. Limit your essay to no more than 300 words. No handwritten essays will be accepted. The essay must be double-spaced.

ACADEMIC INFORMATION

Completion of the following general education courses is not required to apply to the AAS-Paramedic Program. It is strongly encouraged, however, that you complete as many of these courses as possible prior to the end of the Spring 2020 semester.

- o ENG 101 Composition I
- o ENG 102 Composition II
- o Humanities Elective PHIL 102 is strongly recommended
- PSC 101 Introduction to American Politics
- Human Relations HMS 200 or PSY 208
- Science Select from the general education requirements.
- o Mathematics-MATH 120, MATH 126, or higher.

A minimum grade of "C" (not C-) or better is required for each course.

TRANSCRIPT INFORMATION

An official copy of non-GBC, college transcript(s) needs to be provided as part of your application package.

You should allow a minimum of four to six weeks for non-GBC documents to arrive by mail. This timeframe allows for both the receipt and/or review of your transcripts by Admissions and Records personnel. NOTE: If the GBC Admission and Records personnel have already reviewed your transcripts and completed the degree audit report for AAS-Paramedic, you do not need to have another official transcript sent to the Admission and Records office for review <u>unless</u> Spring 2020 grades have not been included.

PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR ENSURING THAT NON-GBC OFFICIAL TRANSCRIPTS FOR SPRING 2020 SEMESTER ARE SUBMITTED TO THE GBC REGISTRAR.

APPLICATION for ADMISSION

ate			Telephone			
tudent ID #			Email _			
rint name in full	Last	Fir	st	Middle	(Maiden)	
ailing Address						
	P.O. Box		City	Stat	e Zip	
.S. Citizen: Yes	No	Educational Expe	erience			
A. List last high	school attended	:			_	
Diploma			Date of	Date	Date of	
Name of School		City & State	Entrance	Leaving	Received	
	attended, inclu Admission & Re	lding GBC. Official tra	nscripts from eac	ch non-GBC co	ollege must be	
	Admission & Re		nscripts from each	ch non-GBC co	Diploma Received	
sent to GBC	Admission & Re	cords.	Date of	Date of	Diploma	
sent to GBC	Admission & Re	cords.	Date of	Date of	Diploma	
sent to GBC	Admission & Re	cords.	Date of	Date of	Diploma	
Name of College	Admission & Re	cords.	Date of Entrance	Date of Leaving	Diploma Received	
Name of College	Admission & Re	City & State	Date of Entrance	Date of Leaving	Diploma Received	
Name of College ther names (former of	r maiden) on tra	City & State	Date of Entrance	Date of Leaving	Diploma Received	
ther names (former of C. Previous ems	r maiden) on tra	City & State City & State nscripts vide the following info	Date of Entrance	Date of Leaving	Diploma Received	

AAS Paramedic Application, 09/03/2019

Applicant Statement:	
I will commit myself to the prescribed hours College and the Associate of Applied Scien	s, the course of study and the policies of Great Basin ce Degree in Paramedic Program.
•	is application are true and complete to the best of my lsifying information will result in disqualification of my
Signature	

Include a photocopy of your current EMT or AEMT license.

Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Disability Services Office, located in Leonard Student Life Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.

EMS Eligibility Screening Questions

If accepted and towards the completion of the program, you will need to answer questions related to your personal life prior to taking the paramedic licensing examination (i.e., the NRP). As a precursor to that, please answer the following questions. Attach additional details and documentation for all "YES" responses. "Yes" responses could affect licensure.

Yes	No	 Has your license in Nevada or any other state <u>ever</u> been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation; or is any investigation, complaint or action pending? <u>If the answer is Yes</u>, you must submit: A letter of explanation of the action, what state, and the circumstances leading to the action; Copies of documents from the board taking the action identifying the allegations, action taken and current action status (documentation of completion of requirements of any order); and A letter of recommendation from current/last employer.
Yes □	No	 Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is Yes, for each conviction you must submit: A detailed letter or explanation including the circumstances leading to your conviction, date convicted, actual conviction (i.e. DUI, theft, etc.), what your sentence was, and if and when you completed it; Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating no records are available; and A letter of reference from you current/last employer.
Yes	No	 Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of paramedicine? If the answer is Yes, you must attach to this application: a. A letter of explanation that addresses the impairment or limitations of practice; b. A letter of reference from your current/last employer; c. A copy of your last employment evaluation; and d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.
Yes	No	 4. Are you currently in recovery for chemical dependency, chemical abuse or addiction? If the answer is Yes, you must submit: a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities; b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and c. Documentation of inpatient or outpatient chemical dependency treatment.
Yes	No	 Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of the paramedic? If the answer is Yes, you must submit: A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of paramedicine safely; and Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.

Applicant Signature	Date

Functional Abilities and Technical Standards

The practice of Paramedicine requires the following functional abilities with or without reasonable accommodations:

- 1. Visual acuity must be adequate to assess patients and their environments, as well as to implement the paramedic care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
 - Detect changes in skin color or condition
 - Collect data from recording equipment and measurement devices used in patient care
 - Detect a fire in a patient area and initiate emergency action
 - Draw up the correct quantity of medication into a syringe
- 2. Hearing ability must be of sufficient acuity to assess patients and their environments and to implement the paramedic care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
 - Detect sounds related to bodily functions using a stethoscope
 - Detect audible signals generated by mechanical systems that monitor bodily functions
 - Communicate clearly in telephone conversations
 - Communicate effectively with patients and with other members of the healthcare team
- 3. Olfactory ability must be adequate to assess patient and to implement the nursing care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
 - Detect foul odors of bodily fluids or spoiled foods
 - Detect smoke from burning materials
 - Detect ketones on a client's breath
- 4. Tactile ability must be sufficient to assess patient and to implement the paramedic care plans that are developed from such assessments. Examples of relevant activities (nonexclusive):
 - Detect changes in skin temperatures
 - Detect unsafe temperature levels in heat-producing devices used in patient care
 - Detect anatomical abnormalities, such as subcutaneous creptitus, edema, or infiltrated intravenous fluid
- 5. Strength and mobility must be sufficient to perform patient care activities and emergency procedures. Examples of relevant activities (nonexclusive):
 - Safely transfer patients onto and off of the stretcher and assist them with ambulation using appropriate assistive devices
 - Safely control the fall of a patient, by slowly lowering the patient
 - Hang intravenous bags at the appropriate level
 - Accurately read the volumes in body fluid collection devices hung below bed level
 - Perform cardiopulmonary resuscitation
- 6. Fine motor skills must be sufficient to perform psychomotor skills integral to patient care. Examples of relevant activities (nonexclusive):
 - Safely dispose of needles in sharps containers
 - Accurately place and maintain position of stethoscope for detecting sounds of bodily functions
 - Manipulate small equipment and containers, such as syringes, vials, ampoules, and medication packages, to administer medications
- 7. Physical endurance sufficient to complete assigned periods of clinical practice and to function effectively under stress in acute health care situations.

- 8. Ability to speak, comprehend, read, and write English at a level that meets the need for accurate, clear and effective communication.
- 9. Emotional stability to function effectively under stress, to work as a part of a team and to respond appropriately to supervision; to adapt to changing situations, to respond appropriately to patients and families under stress, and to follow through on assigned patient care responsibilities.
- 10. Cognitive ability to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes.
- 11. Other abilities sufficient to demonstrate competencies such as the ability to arrive to a clinic on a timely basis; to meet he demands for timely performance of duties; to meet the organizational requirements to perform these duties in a professional and competent manner.

f you require any accommodations for the above functional abilities, please explain below:				
I am able to perform the above listed functional ab noted.	ilities without accommodations or with accommodations as			
Applicant's Signature	Date			

GREAT BASIC COLLEGE ASSOCIATE OF APPLIED SCIENCE DEGREE IN Paramedicine

ADMISSION/SELECTION CRITERIA Fall 2020

Eligible students will be numerically ranked according to total points received using the selection criteria below. Total points will be determined <u>after Spring 2020</u> grades have been posted at GBC. <u>Please note that the applicant is responsible for ensuring that official grades for Spring 2020 semester for non-GBC coursework are submitted to the GBC Registrar.</u> Admission will be offered to the applicants with the highest points based on program capacity. Meeting minimum application criteria does <u>not guarantee</u> admission to the program.

Selection Criteria:

GPA	4.000 - 3.750	3.749 - 3.300	3.299 - 3.000	2.990 - 2.500
General Education				
Required Courses				
Points	7	5	3	1

Number of required general education courses completed (prerequisite courses not included)	7	6	5	4	3	2
Points	7	6	5	4	3	2

US Military Veteran		Yes	No
Points		1	0
Residency*	GBC Service Area	Other Nevada Area	Non-Nevada Area
Points	3	1	0

Math Placement Score	Accuplacer >86 Math 95/97	ACT 22-24 Math 120	SAT >500 Math 120
Points	1	2	2

Maximum Possible Points = 20

Note: the highest grade achieved for courses taken more than once will be used.

^{*}To qualify as a student from the GBC Service Area, a student must have completed 12 credits from GBC or attended GBC for at least two semesters.