

## Ventura College School of Prehospital and Emergency Medicine Paramedic Studies

Application Check List – \*\*\* ***Attach this form to your application.*** \*\*\*

**NOTE: ALL REQUIREMENTS SHOULD BE COMPLETED PRIOR TO APPLYING TO THE PROGRAM INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** Tentative acceptance may be granted for items in progress.

All Official transcripts, letters, and accompanying photocopies are due with the application. “Official” means sealed and unopened from the institution of origin. It is best to have the official transcripts sent to you and then include them with your application when it is submitted to avoid delayed processing. Electronic submissions can be accepted by the Admissions and Records department (805) 289-6457

Please make sure that all items below are completed and all documentation is attached in the order requested.

<i><b>First Steps</b></i>		<i><b>Complete</b></i>
Apply for Admission to Ventura College	This will give you your 900# and your VC email address	
Apply for Financial Aid	Pell Grant; CA College Promise Grant (formerly BOG); etc....	
Complete Paramedic Program Application	All areas must be completed	
Copy of current EMT Certification	Enter expiration date and attach copy	
Copy of CPR Card	Enter expiration date and attach copy	
Copy of Driver’s License	Enter license number and attach copy	
<i><b>Send for transcripts</b></i>		
<b>Official Transcripts:</b>	Required for all coursework (sealed & unopened) <b><i>OR</i></b> Electronically submitted to Admissions and Records	
High School/ G.E.D.		
EMT		
Anatomy with lab		
Physiology with lab		
Math		
English		
<i><b>Request letter of employment</b></i>		
Employment/ Experience Documentation:		
Prehospital Experience	Use Attachment A to inform your employer of requirements. Attach <b>original letters on letterhead</b> from employers.	
<i><b>Final Step</b></i>		
Academic Counseling Appointment Call: 805-289-6448 Have all official transcripts or proof of current enrollment in required courses with you for this meeting <b><i>OR</i></b> submit these items to Admissions and Records and verify they are on record at the college prior to the counseling appointment.	Schedule an appointment and meet with one of the counselors that specialize in health care classes. (check one) <input type="checkbox"/> Angelica Gonzales, MS <input type="checkbox"/> Bea Herrera, MS <b>Counselor to complete <i>Applicant Qualification Worksheet</i> at time of advisement. Submit with application.</b>	Date of appointment

Once all items above have been completed, submit your application to the program.

# Ventura College School of Prehospital and Emergency Medicine

## Application for Paramedic Studies Program

*Refer to the Ventura College Course Catalog Paramedic Studies Program Description for clarification of all requirements.*

**PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS OF THIS APPLICATION COMPLETELY. INCOMPLETE RESPONSES WILL AFFECT YOUR EVALUATION AND ELIGIBILITY AND WILL CAUSE THIS APPLICATION TO BE RETURNED.**

NOTE: Must provide proof of completion or current enrollment for all requirements prior to applying to the program.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. All documentation (necessary testing scores, all official transcripts (including high school), employment verification, letters and accompanying photocopies) must be included with your application.

Qualified applicants will be placed on the existing Ventura College Paramedic Studies waiting list and will be notified when an opening becomes available.

Name	Telephone No. (preferred)
Previous Names	SSN#
	900 #
Address	City <span style="float: right;">Zip</span>
EMT Certificate # Expiration Date: (attach copy)	CPR Expiration Date: (attach copy)
Driver's License # Expiration Date: (attach copy)	Enter email addresses (mandatory for admission):
	VCCCD email:
	Personal email:

### **Educational Requirements (OFFICIAL transcripts are required for each requirement 1-5)**

Course	School	Grade	Year Completed
1.	A. High School	___GPA	
	B. GED		
2.	College Anatomy and Physiology with Lab		
3.	EMT Course		
4.	Math: Completion of Elementary Algebra with minimum grade of C		
5.	English: Completion of English composition with a minimum grade of C		

### **Select Desired Placement Track**

- Professional Certification Only
- Professional Certification with Certificate of Achievement
- Professional Certification with Certificate of Achievement and Associate of Science degree

**Prehospital Care Experience**

The student must have a minimum of 1000 hours field experience with a primary “911” responder as an EMT with emphasis on patient care. Equivalent experience may be considered.

**\*Letter(s) from employer(s) must be attached to the application, on original letterhead and addressed to the Ventura College Paramedic Program Director. Letter must include candidate’s name, date of hire, length of employment and job title with description of duties. This letter must also include the total number of hours worked. Use attachment A to inform employer of requirements.**

<i>*Field Care Provider</i>	<i>From</i>	<i>To</i>	<i>#OF HOURS</i>	<i>Duties and Responsibilities</i>
<i>If your current employer would like to provide your internship please attach a letter verifying this information.</i>				

**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify to the accuracy and completeness of the preceding statements. I understand that my enrollment in the paramedic studies program may be subject to termination if there has been willful misrepresentation of the information submitted. I authorize the use of this information by appropriate Ventura College personnel for the purpose of evaluating my qualifications for application to this program.

I understand that acceptance to the paramedic program does not constitute eligibility for a Certificate of Achievement (CoA) or an Associate in Science Degree Paramedic Studies, and that eligibility is determined by a Ventura College Academic Counselor. It is my responsibility to apply for a CoA or AS degree with a Counselor.

I understand that it is my responsibility to keep the Health Sciences office apprised of any change of address or telephone number. Failure to do so may render my application ineligible if, for any reason, the college is unable to contact me by mail.

**I ALSO UNDERSTAND THAT FAILURE TO PROVIDE VENTURA COLLEGE WITH COPIES OF ANY OF THE REQUIRED ITEMS WILL RESULT IN MY IMMEDIATE DISQUALIFICATION FROM THE PROGRAM.**

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Return Completed Application To:  
Ventura College School of Prehospital and Emergency Medicine  
Attention: Thomas O’Connor – Paramedic Studies  
4667 Telegraph Road  
Ventura, California 93003**

The Ventura College Community College District and Ventura College are committed to providing an equal opportunity for admission, student financing, student support facilities and activities, and employment, regardless of race, color, religion, sex, or national origin.

The Ventura College Paramedic Studies Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Dear EMS Provider,

One of your employees, \_\_\_\_\_ is applying for admission to the  
(Insert applicant's name)  
Ventura College School of Prehospital and Emergency Medicine – Paramedic Studies Program.

It is mandatory that all applicants have their EMT experience documented using the following guidelines:

- Letter from employer must be written on company letterhead and addressed to the “Ventura College Paramedic Program Director”.
- Letter must include:
  - Date of letter
  - Candidate’s name
  - Date of hire
  - Date of termination (if applicable)
  - Job title with description of duties
  - Total number of hours worked including
    - Percentage of emergency calls
    - Percentage of non-emergency calls
  - Employer’s signature (or designee) and title

The signature of applicant permits employer to release the above information to the Ventura College Paramedic Studies Program.

\_\_\_\_\_  
Signature of Applicant (employee)

\_\_\_\_\_  
Date