

## College of Southern Idaho Paramedic Program

### Application

#### Program Mission

The EMS Programs of the College of Southern Idaho provide a comprehensive education to a diverse student population in order to create competent, compassionate, and professional entry level paramedics who will meet and serve the emergency medical needs of the Magic Valley Region and beyond.

#### Program Philosophy

The EMS Programs at the College of Southern Idaho have a very simple philosophy. We believe in utilizing a variety of educational approaches, including interactive lectures, experiential, lab-based and clinical/field-based learning. We strive to provide students with every opportunity to succeed. Graduates of our program will possess the medical skills, communication skills and professionalism required to serve the community as an EMS practitioner.

#### Program Description

The Paramedic Program at the College of Southern Idaho offers an Associate of Applied Science Degree paths of study. Students enjoy a state-of-the-art, technologically advanced, learning facility that features human patient simulation and a nationally recognized faculty. Successful graduates qualify to take the National Registry of EMT's Paramedic Certification exam. The program is approved by the Committee of Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), 8301 Lakeview Parkway, Suite 111-312, Rowlett, TX 75088; Phone: 214.703.8445, Fax: 214.703.8992), the Idaho EMS Bureau, and is nationally accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP, 1361 Park Street, Clearwater, FL 33756; Phone: 757-210-2350, Fax: 757-210-2354)

**Admission Process:**

- 1. Submit completed application with all necessary parts by May 31<sup>st</sup> at 1700.**

**College of Southern Idaho  
EMS Programs  
915 Falls Ave  
Twin Falls, ID, 83301**

- 2. Invitations for Interview and testing will be mailed out by end of June. If you are not selected for the program you will receive a denial letter.**
- 3. Interview decisions will be made in July culminating in acceptance decisions by July 15<sup>th</sup>.**

**Any questions or concerns please contact Dillon B. Brock at [Dbrock@csi.edu](mailto:Dbrock@csi.edu)**

## College of Southern Idaho Paramedic Program

### Application Checklist

1.  Letter of Intent
2.  Complete application
3.  Resume
4.  Completed reference form 1
5.  Completed reference form 2
6.  Copy of transcripts. (unofficial is fine)
7.  Copy of current CPR card for Health Care Providers
8.  Copy of current EMT state license/NR EMT Certification
9.  Copy of Immunization records
10.  Copy of current background check (within 2 years)
11.  Copy of Health Insurance

I certify that I have all of the required documents.

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

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

## **Application Requirements**

The College of Southern Idaho Paramedic Program requires the following for entrance into the Paramedic Program.

- Anatomy and Physiology 1
- Anatomy and Physiology 2
- Current EMT/AEMT National Registry Certification or State License

## **Immunization Requirements**

Proof of immunizations is required for clinical rotations. You must be able to provide the following documentation:

- Tdap or Td
- Hepatitis B
- MMR
- Varicella
- Influenza (within 1 year)
- PPD (within 1 year)

## **Health Insurance**

A copy of Health Insurance is required for clinical rotations. You must provide the proof of health insurance. You may elect to provide this proof at your acceptance to the program.

## **Background Check information**

A current Idaho state background check must be submitted with your application. The background check must be within the past 2 years. To complete this process:

- Apply for the background check at <https://chu.dhw.idaho.gov>
  - The agency number or Employer Identification Number is 1350

## College of Southern Idaho Paramedic Program Application

**Personal Information:** (please type or print neatly)

Name \_\_\_\_\_ CSI ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Permanent Address** (if different)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Academic Information:** Please indicate all colleges or universities attended (use back if needed):

School	Year(s) Attended	# of credits earned	GPA	Degree(s) Awarded

Prerequisite	Yes	No	GPA	If not, Plan to complete
Anatomy and Physiology 1				
Anatomy and Physiology 2				
EMT or AEMT Cert				
Exp:				
BLS/Healthcare CPR Card				
Exp:				

I understand that an incomplete application will not be considered.

I understand that a selection committee takes into consideration all of the information provided.

I understand that if I meet the requirements my spot is not guaranteed in the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## College of Southern Idaho Paramedic Program

### Application Reference Form

Applicant Name: _____	Date: _____
Name of Referrer: _____	Title and Organization: _____
Address: _____	
Email: _____	Phone: _____

In my opinion the candidate is:

- An unacceptable candidate
- a possibility, but may have difficulty with the program
- Acceptable, should do well within the program
- Shows great potential

Your relationship to the applicant.

- Friend or Family
- Supervisor or Coworker
- Mentor
- Instructor

Please include a written recommendation letter that includes the following:

1. Describe your relationship to the candidate.
2. Express your views of the students success.
3. Express your opinions on the students opportunities for growth.
4. Describe your reasons for recommending the candidate.
5. Describe your thoughts on the candidate's goals of becoming a paramedic.
6. Include any other information that you feel is necessary to explain the above.

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_