IN THE PURSUIT OF EXCELLENCE

EMERGENCY MEDICAL SCIENCES

PARAMEDIC

Southeast Arkansas College
1900 Hazel Street
Pine Bluff, Arkansas 71603
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC OPTION

PROGRAM DESCRIPTION

Emergency Medical Technology- Paramedic program prepares students to perform advanced emergency medical procedures in the pre-hospital setting. Students are trained in theory and a variety of technical skills. Upon completion of the program, the student is granted a Technical Certificate or an Associate of Applied Science degree and is eligible to apply to take the National Registry EMT-Paramedic Certification Examination.

APPLICATION PROCEDURE AND DEADLINE

Classes are admitted yearly in August. Class size is limited, and all applicants are not selected for participation. Applicants must have a high school diploma or GED diploma and meet special admission requirements for the program listed below.

Application Deadline: 2nd Friday in April.

All applicants shall have equal opportunity regardless of race, age, sex, creed, religion, or nationality.

Applicants with special needs due to disability must make this fact known prior to admission so that necessary accommodations can be made. Because of the nature of the profession, it may not always be possible to accommodate students with severe disabilities.

ADMISSION REQUIREMENTS

1. Completion of all general admissions procedures of the college. Refer to the SEARK College Catalog and Student Handbook.
2. Completion of the Nursing and Allied Health Application for Admission form.
3. ACT Reading Score of 19 or Compass Reading score of 83; or completion of a course in developmental reading with a ‘C’ or better. Compass writing 80; Compass math 21; or completion of required developmental courses based on placement test scores OR completion of 15 semester hours of general education (excluding development studies courses) applicable to the program with a cumulative GPA of 2.5 or higher.
5. Completion, or test score validated exemption of all required development studies courses in English, Math, and Reading is required for the A.A.S. degree.

NOTE: Students pursuing the Associate of Applied Science Degree in Emergency Medical Technology will be required to meet placement standards set by the College prior to enrolling in math and/or English Composition courses. Students enrolled in Allied Health Programs with a clinical component will be assessed a fee for malpractice insurance. * Random drug screening may be utilized at any time during the course of the program at the student’s expense.

The above information must be submitted to:
Southeast Arkansas College
Nursing & Allied Health Technologies Division
1900 Hazel Street
Pine Bluff, Arkansas 71603

ACCEPTANCE PROCEDURE: Should qualified applicants exceed the available slots in the program, admission into a particular class will be based on the date of completed application. Upon acceptance into the Emergency Medical Technology Program, the student must submit the following in order to begin classes: It is the students’ responsibility to submit all documents required for clinical through the College’s Clinical Requirements database - American Data Bank (ADB). The cost of the subscription Drug Screen, and Criminal background check is the student’s expense.

The above information must be submitted to:
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2. Functional Ability acknowledgement form
3. P.P.D. Skin Test or Chest X-Ray
4. Hepatitis B Series or Signature on (SEARK) Vaccination Waiver Claim Form.
5. Drug Screen
6. Criminal Background Check

Note: Random drug screening may be used anytime during the program at the student’s expense.
SOUTHEAST ARKANSAS COLLEGE
NURSING & ALLIED HEALTH APPLICATION

NAME ________________________________________________________________

DATE OF BIRTH ____________________ SEX: Male/Female (Circle One)

ADDRESS _____________________________________________________________

CITY, ZIP CODE ________________________________________________________

STUDENT I. D. # _________________________________________________________

PHONE NUMBER ______________________________________________________

EMT LICENSE NUMBER (if applicable) __________________________

Have you ever had any encumbrances against your EMT license in Arkansas or any other state? Yes ____ No____

If Yes, please explain _______________________________________________________

PERSONS TO NOTIFY IN CASE OF EMERGENCY

Name                      Address                      City/State            Phone No.

Name                      Address                      City/State            Phone No.

*HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF SO, PLEASE EXPLAIN________________________________________

PREVIOUS WORK EXPERIENCE (List most recent first)

EMPLOYER                      CITY/STATE                      JOB TITLE                      FROM TO

_____________________________________________________________________________

_____________________________________________________________________________

PERSONAL REFERENCES (NO RELATIVES)
1. ____________________________________________________________

   Name                      Complete Address                      Phone Number

2. ____________________________________________________________

   Name                      Complete Address                      Phone Number

EDUCATION: HIGHEST GRADE COMPLETED __________________________ DATE OF GRADUATION OR GED________________

NAME & ADDRESS OF LAST SCHOOL ATTENDED ______________________________________________________________

DESCRIBE ANY EXPERIENCE IN NURSING OR ANY OTHER FIELD RELATED TO MEDICINE:

_____________________________________________________________________________

_____________________________________________________________________________

ARE YOU WILLING TO GO TO ANY AGENCY IN OUR SERVICE AREA FOR YOUR CLINICAL TRAINING?

YES ____ NO ____ REASONS: __________________________________________________________

PLANS AFTER GRADUATION:

_____________________________________________________________________________

_____________________________________________________________________________

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentations or falsifications of information is caused for denial of admission or suspension from the program. I authorize the college to release information provided by me in the application for admission to the NAH program, to approval/accrediting agencies and clinical affiliates, as required. This authorization includes the release of my transcript.

_____________________________________ DATE __________________________ SIGNATURE

* Applicants to the EMT & ECDT program may also be required to submit criminal background information.

Revised: 06/03, 07/09,09/12, 07/14
EMERGENCY MEDICAL SCIENCES - BASIC

**Semester (16 Weeks)**

**EMER 1009** EMT Basic  
LEC  LAB  SWE  SCH  4  4  4  9

**Completion Award:** Certificate of Proficiency

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EMERGENCY MEDICAL SCIENCES – PARAMEDIC

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*(See Catalog for Admissions Requirements)*

**1st Year – 1st Semester**

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**1st Year – 2nd Semester**

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**1st Year-Extended Summer Session**

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**COMPLETION AWARD:** Technical Certificate  **34**

**2nd Year – 1st Semester**

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**2nd Year – 2nd Semester**

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**COMPLETION AWARD:** Associate of Applied Science Degree  **61**

The Southeast Arkansas Emergency Medical Sciences- Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Program (www.caahep.org) upon the recommendation of the Committee on Services Professions (CoAEMSP).
CoEMSP Paramedic Outcomes for Southeast Arkansas College (Three year averages for years 2012, 2013, 2014)
First attempt at National Registry Written Certification Exam – 36.8%
Attrition rate from program – 88.89 %
Job placement upon graduation - 100%
***No Paramedic graduates in 2012***

Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756
727-210-2350
www.caahep.org

The Emergency Medical Sciences-Paramedic Program at Southeast Arkansas College follows the National Education Standards for EMS education.

Courses are approved through the Arkansas Department of Health.