EMERGENCY MEDICAL SERVICES PROGRAMS

PARAMEDIC PROGRAM APPLICATION

The Paramedic course is based upon the basic and advanced curriculum developed by the National Department of Transportation. The Paramedic is qualified by a competency based educational program of clinical, didactic and practical instruction along with a field practicum with an advanced emergency care service. The competencies include, but are not limited to, the recognition, assessment and management of medical or trauma emergencies under the direction of a physician. The Paramedic primarily provides pre-hospital emergency care to the acutely ill or injured patient by an ambulance service or mobile advanced life support units under an authorized medical control authority.

Advanced Cardiac Life Support, Advanced Medical Life Support, Basic Trauma Life Support or Pre-Hospital Trauma Life Support, Neonatal Resuscitation Program, Emergency Pediatric Care, Advanced Stroke Life Support, and Pediatric Advanced Life Support courses are incorporated into the curriculum. Skills included in the courses (but not limited to) are as follows: EKG interpretation, IV therapy, chest decompression, external jugular cannulation, cardioversion, defibrillation, patient immobilization, patient assessment, trachea intubation, cricothyrotomy and intraosseous infusion. Because our program is based on a mastery learning paradigm, skills and cognitive knowledge must be successfully completed according to course criteria.

After successful completion of the WSCC Paramedic Program the student is eligible to take the National Registry examinations for licensure as a Paramedic. After successful completion of the Paramedic exams the student has met requirements for licensure as a Tennessee paramedic. All courses taught in the program meet or exceed the National Education Standards for Paramedics, as approved by National Highway Traffic Safety Administration (NHSTA).

The curriculum is designed to provide the student with knowledge of the critical changes in physiological, psychological and clinical symptoms pertaining to pre-hospital emergency medical care of the infant, child, adolescent, adult and geriatric patient. Students acquire clinical experiences and practical skills related to the emergency care of these patients, with emphasis on the ethical and legal responsibilities of the emergency care practitioner.

The Emergency Medical Services Programs at WSCC are accredited by the Committee on Accreditation of EMS Programs of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). All full-time instructors have administrative and field experience with involvement in EMS education and/or licensure.

Instruction follows a competency skills based plan of instruction supported by performance evaluations in the following areas:

1. **Didactic/Laboratory Instruction**: Lectures, presentations, discussions and scenarios demonstrated by the paramedic faculty, physicians and other specialists who are competent in their respected field. A problem-based learning exercise, (similar to that of the PA school or medical school format), is incorporated into the didactic curriculum. A group of up to six paramedic interns will be introduced to a clinical pathology of injury or disease. The interns will follow a framework of research and discussion to enhance their understanding of the injury or disease process and strengthen their knowledge of treatment modalities. This method of instruction will broaden their educational experience for the patients they will treat upon entry into the paramedic practice.
2. **In-Hospital and Other Clinical Practice Settings:** Instruction and supervised practice of emergency medical skills in critical-care units, emergency departments, obstetrical units, operating rooms, psychological crisis-intervention centers, neonatal and pediatric intensive care units, and other appropriate settings.

3. **Field Internship:** A period of supervised experience in an intensive care setting after 75% of the core material has been covered. The paramedic intern will be responsible for patient care while under direct observation of a WSCC Preceptor. This is a competency based internship. This provides the student with a progression of increasing patient care responsibilities, proceeding from observation to working as a member of the emergency medical team. Needs to lead to “Team Leader”.

*The field experience segment of the program involves the actual pre-hospital setting in an advanced life support unit that functions under an authorized medical control authority.*

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**ADMISSION CRITERIA**

The following criteria must be met in order for an applicant to be considered for admission to the Paramedic Training Program:

1. **Licensure:** Applicants must be currently licensed as Advanced Emergency Medical Technicians in the State of Tennessee.

2. **Experience:** One year full-time and/or two years part-time EMS experience as an extended skills EMT or AEMT is preferred.

3. **Application:** Complete the WSCC Application for Admission/Readmission and submit it to the college Office of Admissions and Records.

4. **Transcripts:** All official, notarized high school, college or trade school transcripts must be received. The student’s academic performance in the extended skills EMT and/or AEMT course along with the student’s GPA will be factors used in determining his/her acceptance into the program.

5. **Documentation:** All documentation and evaluations must be completed and submitted to Paramedic Program Office no later than 04:00 p.m. (16:00) **Must be submitted by deadline.**

6. **Interview:** All applicants must be interviewed by the Paramedic Selection Committee. The Paramedic Selection Committee Interview date will be posted on WSCC Public Safety Paramedic Program Web site (http://ws.edu/academics/public-safety/medical-services/).

7. **Prerequisite:** Applicants must have completed Learning Support (if applicable).

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**APPLICATION PROCESS**

A prospective student seeking admission to the Paramedic Program must complete the following procedures according to the State of Tennessee, Office of Emergency Medical Services and Walters State guidelines.

1. Complete the Application for Admission or Re-admission form. If applications are needed call the Office of Admissions at 1-800-225-4770 or go to http://ws.edu/_media/pdf/admissions/applications/ws-application-2017.pdf, or submit it online via http://ws.edu/admissions/. For admission requirements refer to WSCC catalog. **Application must be submitted by deadline.**
2. Any student seeking a degree will need to contact their advisor:
   Paramedic Instructor   PSC 135   423-585-2655
   Paramedic Coordinator  PSC 119   423-585-2669
   AEMT Director         PSC 132   423-585-2678
   Executive Aide        PSC 149   423-585-2672

3. Submit an official copy of your high school transcript or GED certification to the WSCC Admissions Office. Transcript or GED must be submitted to Paramedic Program by deadline.

4. Submit an official copy of all college transcripts to the WSCC Admissions Office if previous college credit has been earned. College transcripts must be submitted to Paramedic Program by deadline.

5. Submit to the Paramedic Program the application and other documents specific to the program. The application is enclosed with this packet and must be submitted to Paramedic Program by deadline.

6. Each applicant must submit a recent color photo (no hat) passport size with application.

7. Be currently licensed as an Advanced Emergency Medical Technician in the State of Tennessee. You must submit a copy of a current AEMT license to the Paramedic Program on first class day.

8. You should have completed a CPR course that includes one-person, two-person, infant and child CPR. A copy of the CPR certificate must be submitted to the Paramedic Program. CPR card must be submitted to Paramedic Program by deadline.

9. Submit written evidence, on appropriate form (supplied in packet), of a physical examination within the past month showing you to be in good physical and mental health and that you possess no physical handicaps or disabilities which would impede your ability to fulfill the functions and responsibilities of a Paramedic. Physical form must be submitted to the Paramedic Program by deadline.

10. Submit a copy of immunization records as required by the Clinical Program. MMR vaccine must be completed prior to admission to college. HBV vaccine series and PPD must be completed prior to starting clinical rotations and proof of vaccine given to Clinical Program Director. Immunization record must be submitted to Paramedic Program by deadline.

11. Submit a Recommendation Form (enclosed in packet) from your employer that indicates experience, strengths, weaknesses, attitude, maturity, and professionalism. This Recommendation Form must be submitted to Paramedic Program by deadline.

12. Submit two Recommendation Forms (enclosed in packet); one from an active Emergency Department Physician, and another from an active Emergency Department Registered Nurse. These Recommendation Forms must be submitted to Paramedic Program by deadline.

13. Applicants must complete the Tennessee EMS Board approved Paramedic Entrance Exam. If you fail to take the exam at the scheduled time, you will not be eligible for acceptance into this Paramedic Program. To schedule an exam time call Jonathan Reeves at 423-585-2672.

14. The screening process includes a personal interview with the WSCC Paramedic Selection Committee. The applicant is rated by each committee member on appearance, motivation, maturity, professionalism, oral and written communication skills, confidence, experience, and general knowledge of the profession. You will be scheduled a day and time in which you are to appear before the committee. The student’s academic performance in the EMT and/or AEMT courses along with the student’s GPA will be factors used in determining his/her acceptance into the program. You must maintain a 2.0 cumulative GPA to graduate from the program. Due to time constraints, you must make arrangements to appear at that scheduled time because it will not be adjusted. You will be notified of the date and time by letter.
15. Scores are awarded in two areas: the interview and AEMT knowledge exam. An overall minimum score of 2.5 is required by EMS regulation for entrance into the Paramedic Program. The program may set a higher standard for acceptance but may not set it less than 2.5.

16. Final student recommendation is by the WSCC Paramedic Selection Committee. You will be notified of the decision regarding your acceptance.

17. If all required paperwork is not in our office two weeks prior to committee interview, for whatever reason, you will not be interviewed for admission to this program. It is your responsibility to submit all required documentation to this office.

**NON-DISCRIMINATION POLICY**

WSCC offers employment and educational programs to qualified persons regardless of race, color, creed, sex, national origin, or handicap and is committed to the education of a non-racial identifiable student body.

**CLASS SIZE**

The size of the Paramedic Program class is limited in order to assure adequate clinical experience and student/instruction interaction.

**FACILITIES**

Didactic portions of the program are held at the WSCC Main Campus at the Public Safety Center. At present, the clinical aspect of the program utilizes area hospitals, and Class-A EMS agencies. Clinical sites require criminal background checks.

**For even years:**
WSCC will offer the Paramedic Program to public safety agencies in the Sevierville area on our Sevierville Campus. Students who attend the Sevierville campus location will attend the main campus for one of more of the laboratory (or similar hands-on skills) professional course(s) of the curriculum. The cohort will be distinguished by time of day for primary completion of the curriculum by day of the week for primary completion of the curriculum or by contract with a third party for a specified group of students (e.g. employees of a municipal fire service or EMS agency).

**For odd years:**
WSCC will offer the Paramedic Program to public safety agencies in the Greeneville area on our Greeneville Campus. Students who attend the Greeneville campus location will attend the main campus for one of more of the laboratory (or similar hands-on skills) professional course(s) of the curriculum. The cohort will be distinguished by time of day for primary completion of the curriculum by day of the week for primary completion of the curriculum or by contract with a third party for a specified group of students (e.g. employees of a municipal fire service or EMS agency).
FEES AND TUITION

The cost of the program for in-state students is determined by WSCC policy per semester hour, not to exceed the amount determined by WSCC policy per semester. Out-of-state fees are determined by WSCC policy per semester hour, not to exceed the amount determined by WSCC policy per semester. The cost is determined by the Tennessee Board of Regents and subject to change without notice. The student will also be required to carry a non-cancellable $1,000,000.00/$3,000,000 malpractice insurance policy. This policy must be effective for the duration of the program. The student can purchase insurance at the cost determined by the insurance company. Malpractice insurance is required per Tennessee EMS regulation. This needs to be purchased the same day you register. The student will need to subscribe to FISDAP at a cost that is determined by the company annually. Each student will be provided a list of the fees prior to registration.

Books required for the program are available at the WSCC Bookstore. Please call the book store at (423) 585-6884 for more information or go to http://ws.edu/student-services/bookstore/.

FINANCIAL AID

Financial aid is available to WSCC Paramedic students on a need basis. Scholarships are available to those students who qualify. Financial Aid applications need to be completed by June. For more information regarding financial aid and scholarship qualifications, please contact the Financial Aid Office at 423-585-6811 or 1-800-225-4770 or go to http://ws.edu/financial-aid/.

GENERAL ASSISTANCE

Please mail your Walters State Community College application to:

Walters State Community College  
Office of Admissions and Records  
500 S. Davy Crockett Parkway  
Morristown, TN  37813-6899  
Phone number - 423-585-2685

All other forms and evaluations should be mailed to:

Walters State Community College  
Emergency Service Programs - Paramedic Program  
500 S. Davy Crockett Parkway  
Morristown, TN  37813-6899

For further information or questions, you may contact one of the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Office Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Barry</td>
<td>423-585-2655</td>
<td><a href="mailto:tom.barry@ws.edu">tom.barry@ws.edu</a></td>
<td>PSC 132</td>
</tr>
<tr>
<td>Cindy Turnmire</td>
<td>423-585-2678</td>
<td><a href="mailto:cindy.turnmire@ws.edu">cindy.turnmire@ws.edu</a></td>
<td>PSC 103</td>
</tr>
<tr>
<td>John Reeves</td>
<td>423-585-2669</td>
<td><a href="mailto:john.reeves@ws.edu">john.reeves@ws.edu</a></td>
<td>PSC 119</td>
</tr>
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</table>

APPLICATION FOR PARAMEDIC PROGRAM

THE APPLICATION FOR ADMISSION OR READMISSION SHOULD BE RETURNED TO ADDRESS ON FORM. ALL OTHER FORMS MUST BE TURNED INTO THE PARAMEDIC PROGRAM OFFICE NO LATER THAN POSTED DEADLINE.

The Paramedic Selection Committee Interview date will be posted on WSCC Public Safety Paramedic Program Web site:
(You will be notified by email regarding your day and time of interview)

http://ws.edu/academics/public-safety/medical-services/
The student must submit required immunization, vaccination records for the following:

### VACCINATION

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>DATE*</th>
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<tbody>
<tr>
<td>Rubella (German measles)</td>
<td>1st ___________ 2nd ___________</td>
</tr>
<tr>
<td>Tetanus (within last 10 years)</td>
<td>___________</td>
</tr>
<tr>
<td>Rubeola (measles)</td>
<td>1st ___________ 2nd ___________</td>
</tr>
<tr>
<td>Mumps</td>
<td>1st ___________ 2nd ___________</td>
</tr>
<tr>
<td>Flu</td>
<td>___________</td>
</tr>
<tr>
<td>Varicella/chicken pox</td>
<td>___________</td>
</tr>
<tr>
<td>Hepatitis B: First Second Third Titer</td>
<td>Date Date Date Date</td>
</tr>
<tr>
<td>T. B. (within last 6 months)</td>
<td>skin test/x-ray ___________ Date Result +/-</td>
</tr>
</tbody>
</table>

I, ____________________________________________, certify that the aforementioned vaccination dates * are accurate and truthful to the best of my knowledge.

_____________________________________________ Signature - Student
_____________________________________________ Date

Instructor: __________________________ Course: __________________________

* Date of disease may be substituted for vaccine date. Attach records and return to Clinical Program Director's office.

Complete the following forms:

http://www.ws.edu/_media/pdf/admissions/immunization/immunization-enrollment-requirements.pdf
http://www.ws.edu/_media/pdf/admissions/immunization/hepatitisB.pdf

Please forward to clinical program for file.
Hepatitis B virus is one of several hepatitis viruses that cause a systemic infection with a major pathology in the liver. There is no specific treatment for hepatitis caused by the Hepatitis B virus. It is spread by contact with infected blood or blood products, and may spread through contact with other body fluids, such as urine, tears, semen, vaginal secretions, and breast milk. It can be transmitted in ways such as illicit drug use, tattooing, body piercing, sexual contact, and other close interpersonal contact.

**Symptoms include:**
Unusual symptoms may be flu like: fatigue, mild fever, muscle and joint aches, nausea, vomiting, loss of appetite, vague abdominal pain, occasional diarrhea, and jaundice. Some people are asymptomatic, others develop life threatening complications, most recover.

**Complications may be:**
Chronic carrier state (having no symptoms but capable of transmitting the disease for an indefinite time), cirrhosis of the liver, cancer of the liver, and death.

**Vaccination is recommended for:**
Health care providers, medical students, nurses, nursing students, first responders, first responder students, EMTs, AEMT students, paramedics and paramedic students. OSHA requires employer to provide vaccination for employees working in risk environments.

Hepatitis B Vaccine is contraindicated in any individual who is hypersensitive to yeast, who is sensitive to any of the components, who is pregnant or nursing an infant.

The adverse reaction to the Hepatitis B Vaccine include injection site soreness, fatigue/weakness, headache, fever >100 degrees F and malaise, GI upset and complaints of sore throat. Other reactions may occur but are found in less than one percent of those receiving the vaccine.
THE TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF EMERGENCY MEDICAL SERVICES  
665 MAINSTREAM DRIVE, 2ND FLOOR  
nashville, tn 37243  

MEDICAL STATEMENT  
for emergency medical services professional license  

The Office of Emergency Medical Services is the state agency responsible for the licensing of emergency medical services personnel. The mission of the agency is to oversee the delivery of pre-hospital emergency care and to safeguard the public from inappropriate or incompetent medical care in the pre-hospital environment. When issuing a license, it is understood that the individual can meet the demands, duties, and responsibilities listed below and examiner performing the evaluation is a licensed physician, nurse practitioner or physician assistant.

GENERAL DUTY REQUIREMENTS:  
The general environmental conditions in which emergency medical service personnel work includes a variety of hot and cold temperatures and, at times, they may be exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. They can also be exposed to a variety of noise levels, which can be quite high, particularly when sirens are sounding. The individual must be able to function effectively in uncontrolled environments with high levels of ambient noise. Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by having times to lift, move, carry and balance while moving in excess of 125 pounds (250 pounds 2 person lift). Motor Coordination is dexterity to bandage, splint and move patients, including properly applying invasive airways and administering injections.

Driving in a safe manner, accurately discerning street names, map reading, and the ability to correctly distinguish house numbers or business locations are essential tasks. Use of the telephone or radio for transmitting and responding to physician's advice is also essential. The ability to concisely and accurately describe orally to health professionals the patient's condition is critical. The provider must also be able to accurately summarize all data in the form of a written report.

HAS BEEN EXAMINED AND DEMONSTRATES SUFFICIENT HEALTH TO PERFORM THE ESSENTIAL FUNCTIONS IN THE PRE-HOSPITAL ENVIRONMENT AS DESCRIBED IN THE GENERAL DUTY REQUIREMENTS ABOVE INCLUDING VISUAL ACUITY, SPEECH, HEARING, AND THE USE OF EXTREMITIES.

_________________________________________________  TYPE / PRINT APPLICANTS NAME

_________________________________________________  PRINT PROVIDER NAME

_________________________________________________  PROVIDER’S LICENSE NUMBER

_________________________________________________  STATE

_________________________________________________  PROVIDER’S SIGNATURE

_________________________________________________  DATE

AUTHORIZATION FOR RELEASE OF INFORMATION:  
I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE EXAMINER NECESSARY FOR QUALIFICATION TO MY EMPLOYER FOR DETERMINATION OF MY ELIGIBILITY BY THE DIVISION OF EMERGENCY MEDICAL SERVICES.

_________________________________________________  SIGNATURE OF APPLICANT

_________________________________________________  SOCIAL SECURITY NUMBER

_________________________________________________  DATE

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."

PH-0130 (Rev 6/2014)  

RDA-10137
Emergency Medical Services Programs

Paramedic Program Recommendation Form

Name of Applicant: ____________________________

The person above has applied for entrance into Walters State Community College's Paramedic Program and has listed you as a reference. The Paramedic Program Selection Committee cannot overemphasize the importance of your assistance in the screening process. The information you provide will be held in strict confidence. Thank you in advance for your prompt reply.

CIRCLE ONE CHOICE PER LINE

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<tr>
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<th>EXCELLENT</th>
<th>AVERAGE</th>
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<tbody>
<tr>
<td>Quality of Work</td>
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</tr>
<tr>
<td>Productivity</td>
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<td>5 4 3 2</td>
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<tr>
<td>Cooperation</td>
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<td>5 4 3 2</td>
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<tr>
<td>Dependability</td>
<td>N/A</td>
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<td>Attitude</td>
<td>N/A</td>
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<tr>
<td>Carry Out Instructions</td>
<td>N/A</td>
<td>5 4 3 2</td>
<td>1</td>
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<tr>
<td>Academic Ability</td>
<td>N/A</td>
<td>5 4 3 2</td>
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Nature of your relationship to the applicant: ____________________________

How long have you known the applicant? _____ (years) _____ (months)

Please use the remaining space to elaborate on the qualities that will make this applicant a successful student and Paramedic: (attach additional sheets if needed).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name ____________________________ Title ____________________________

Signature ______________________ Date ______________________

Please return to:
Walters State Community College
Paramedic Program
500 South Davy Crockett Parkway
Morristown, TN 37813
Admission Related Forms for
Walters State Community College

First-time Students at WSCC (either Freshman or Transfer)

- Application for Admission or Submit an Application Online
- Hepatitis B Form
- Immunization Enrollment Requirements
- Request for Transcripts

Readmitted Students (formerly attended WSCC)

- Application for Admission or Submit an Application Online
- Hepatitis B Form
- Request for Transcripts (if another institution has been attended since last enrollment at Walters State)
☐ WSCC Application
☐ Re-Admit Form
☐ Learning Support Test Scores (if applicable)
☐ Paramedic Application (E-mailed to Sondra)
☐ Immunization Record
☐ Copy of Official Vaccination Record
☐ Medical Statement
☐ Copies of Certification Cards (CPR, AEMT License, ETC.)
☐ Evaluation Forms (3) (Employer, RN, ER Doctor)
☐ PHOTO (passport size photo)