The Paramedic curriculum adheres to the National EMS Education Standards, National EMS Core Content, National EMS Scope of Practice, National EMS Certification, and National EMS Program Accreditation. This integrated system is essential to achieving the goals of program efficiency, consistency of instructional quality, and student competence as outlined in the Education Agenda. 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”.

**NOTE:** 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.
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 pm (16:00) must be submitted by deadline.

6. **Interview**: All applicants must be interviewed by the Paramedic Selection Committee.

7. **Prerequisite**: Applicants must have completed Learning Support (if applicable).
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://www.ws.edu/_media/pdf/admissions/applications/wscc-application-20140923.pdf, or submit it online via http://www.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:
   - Program Director  PSC 103  423-585-2669
   - Paramedic Instructor PSC 103  423-585-2669
   - Clinical Coordinator PSC 132  423-585-2655
   - AEMT Director   PSC 119  423-585-2678
   - Executive Aide                      PSC 149                   423-585-2672
   - Dean    PSC 143  423-585-2668

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 test at the scheduled time, you will not be eligible for acceptance into this Paramedic Program. This date will be determined by the Program Coordinator and all prospective applicants will be notified upon acceptance.

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 Advanced Life Support (ALS) 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 or 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 or 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://www.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. If you are interested, you can contact Chris Cates in the Foundation office at 423-585-2618. 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://www.ws.edu/financial-aid/.
GENERAL ASSISTANCE

Please submit your WSCC Paramedic Program application via the Application Portal on the Public Safety Division web page (provided below).

All other forms and evaluations should be uploaded to the Application Portal or mailed to:
Walters State Community College
Paramedic Program
ATTN: Ashley Harris
500 S. Davy Crockett Parkway
Morristown, TN  37813-6899

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

Ashley Harris  423-585-2672  ashley.harris@ws.edu   PSC 149
John Reeves  423-585-2669  john.reeves@ws.edu   PSC 103
Tom Barry  423-585-2655   tom.barry@ws.edu    PSC 132
Cindy Turnmire 423-585-2678  cindy.turnmire@ws.edu  PSC 119
Chad Bryant  423-585-2668  chad.bryant@ws.edu  PSC 149

Walters State Community College Public Safety Paramedic Program website address:
http://www.ws.edu/academics/public-safety/medical-services/
# WSCC CLINICAL IMMUNIZATION RECORD

**Name:** ________________________________________

The student must submit required immunization, vaccination records for the following:

<table>
<thead>
<tr>
<th>VACCINATION</th>
<th>DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubella (German measles)</td>
<td>1st ____________  2nd ____________</td>
</tr>
<tr>
<td>Rubeola (measles)</td>
<td>1st ____________  2nd ____________</td>
</tr>
<tr>
<td>Mumps</td>
<td>1st ____________  2nd ____________</td>
</tr>
<tr>
<td>Tetanus (within last 10 years)</td>
<td>____________________</td>
</tr>
<tr>
<td>Flu</td>
<td>____________________</td>
</tr>
<tr>
<td>Varicella/chicken pox</td>
<td>1st ____________  2nd ____________</td>
</tr>
</tbody>
</table>

Hepatitis B: First ____________ Second _________ Third _________ Titer _________
(Date) (Date) (Date) (Date)

T. B. (within last 6 months)  skin test/x-ray ____________________ _________
(Date) (Result +/-)

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

____________________________________  _______________________
(Student Signature)           (Date)
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.
WALTERS STATE COMMUNITY COLLEGE
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  EXCELLENT AVERAGE POOR
Quality of Work  N/A 5 4 3 2 1
Productivity  N/A 5 4 3 2 1
Cooperation  N/A 5 4 3 2 1
Dependability  N/A 5 4 3 2 1
Attitude  N/A 5 4 3 2 1
Carry Out Instructions  N/A 5 4 3 2 1
Academic Ability  N/A 5 4 3 2 1

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
CHECK-OFF SHEET
PARAMEDIC APPLICATION

☐ WSCC Application
☐ Re-Admit Form
☐ Learning Support Test Scores (If applicable)
☐ Paramedic Application (E-mailed)
☐ Immunization Record
☐ Copy of Official Vaccination Record
☐ Medical Statement
☐ Copies of Certification Cards (CPR, AEMT License, ETC.)
☐ Recommendation Forms (Employer, RN, ER Doctor)
☐ PHOTO (Passport Size)
The items listed below are required to complete your application packet and must be uploaded to your application portal or mailed to:

Walters State Community College
Paramedic Program
ATTN: Ashley Harris
500 S Davy Crockett Pkwy
Morristown, TN 37813

☐ Immunization Record
☐ Copy of Official Vaccinations
☐ Medical Statement
☐ Copies of Certification Cards (CPR, AEMT License, etc.)
☐ Evaluation Forms (3): (Employer, RN, and ER Doctor)
☐ Photo (passport size photo)

**DEADLINE FOR APPLICATION AND PACKET**

**MAY 15, 2020**

(Application documents postmarked after May 15, 2020 will not be given consideration for admission)