

Paramedic Program 2022 Application

Charlton County EMS Education - Paramedic

Start/End Dates - August 8th, 2022 - July 28th, 2023

Application Deadline - July 15th, 2022



Charlton County EMS - 426 Rosa Parks Rd.

Folkston, GA 31537

Program Director/Lead Instructor - Miranda Pickett

Email - mpickett@charltoncountyga.gov

Phone - 912-496-1080

Dean - Sami Luffman

Email - dluffman@charltoncountyga.gov

Phone - 912-496-1080

Dear Prospective Paramedic Student,

Thank you for your interest in Charlton County's first in house Paramedic Program cohort. Our Program is currently under review for accreditation, meaning you will receive accreditation for taking our program. After successfully completing the program, you will receive a certificate, which will allow you to test at the National Level to receive your certification. In addition, our program is affiliated with the University of Pittsburg, where our students will have the opportunity to continue their education, transforming their certificate into a Degree in Emergency Medicine with online opportunities.

Our Paramedic Program is dedicated to student success, aiming to change the dynamic of the classic EMS program. We want our students to be excited to come to class, passionate about their learning experiences and to become excellent and competent Paramedics.

All students accepted into the program will be required to obtain a background check, drug test, physical and vaccination records. The program's schedule will be on B shift, with a tentative start date of August 2nd, 2022 and a tentative end date of August 4th, 2023. Applicants will remain informed of any changes in schedule.

Any questions regarding the Charlton County EMS Education - Paramedic Program may be directed to the Program Director at mpickett@charltoncountyga.gov or the Dean at dluffman@charltoncountyga.gov. We hope to hear from you soon.

Sincerely,

Miranda Pickett

Program Director/Lead Instructor

CCEMS Education - Paramedic

Phone - (912) 496-1080

Email - mpickett@charltoncountyga.gov

426 Rosa Parks Rd.

Folkston, GA

31537

Charlton County EMS Education – Paramedic Program Information

The CCEMS Paramedic Program is limited to 20 applicants. If any of those 20 selected applicants do not start the program for any reason, alternates may be selected up to the end of the first week of class. All materials submitted in the application process should be completed and accurate.

Paramedic students must pass a background check, drug screening and physical before starting mandatory clinical and field experiences. In addition, students will need to submit records of vaccinations. The associated costs of the background check, drug screening and physical are the responsibility of each student. Failure to pass any of the forementioned requirements, will grant a dismissal from the application process.

CCEMS Paramedic Program does not provide liability insurance for the students. Each student **must** purchase their own liability insurance, as it is required for some clinical experiences. Liability insurance can be purchased at www.hpsso.com as an individual student and must be a \$1 million dollar policy at minimum. This costs approximately \$42 a year.

Acknowledgement of Program Challenges

While we strive to make our students excited to come to class and to give them an excellent learning experience, you as the student must understand that this program and course of study is a large undertaking. For some, it may be the biggest challenge you ever face. While our staff is dedicated to help our students every step of their journey, it is imperative that they understand the enormous amount of time they will dedicate to this program. By the end of the program, our students will have completed approximately 1200-1500 hours of class, clinical and field time. This does not include study time. Much of your educational progress and success depends on your commitment to studying, reading chapters in advance and taking notes during lecture. Small study groups also help. Students must also have a reliable form of transportation, so that they may travel to and from class and their clinical/field rotations.

Please sign below, acknowledging your receipt of the above information, and willingness to continue in the application process.

Name (Printed) _____

Name (Signed) _____

Date: _____

Tuition Costs

The rate of tuition will depend upon if the student is paying in full or making payments throughout the course. The cost of tuition will include the program, cost of the text book, work book and online resources, scheduling software, uniform shirts for class and clinical/field, ACLS, PALS and ITLS Cards. Not included in tuition are black or navy blue EMS pants, belt, boots, stethoscope, National Registry Written Testing and personal study materials.

If the student is paying for tuition in full/up front, the cost of tuition will be *\$6500.*

If the student is making payments on tuition throughout the program, the cost of tuition will be *\$7,000.* The student will be required to pay \$500 up front and the remaining \$6500 divided over 12 months. Tuition must be paid in full before the student sits for his/her final exam.

Requirements for Applying to CCEMS Paramedic Program

- ❑ Completed Application

- ❑ Certificates of Completion for ICS 100, 200, 700 and 800. Taken within the last 5 years.

- ❑ Copy of EMT-B or AEMT National or State Card

- ❑ Copy of current CPR BLS Provider Card

- ❑ Copy of Drivers License

- ❑ Copy of High School Diploma or GED or College Degree

- ❑ 3 Letters of Recommendation - Each Letter of Recommendation must be submitted with the application in a sealed envelope.

Application

Personal Information			
First	M.I	Last	Date of Birth
Home Address:			
City:		State:	Zip code:
Home Phone	Cell Phone	Email Address	
Are you over the age of 18? Y <input type="checkbox"/> N <input type="checkbox"/>		Are you a US Citizen? Y <input type="checkbox"/> N <input type="checkbox"/>	

Education		
High School:	City:	State:
Diploma or GED? :		
College:	City:	State:
Major:	Degree Earned:	

Current EMS Certification	
NREMT # (if applicable) -	State License # -
Initial Certification Date:	Current Expiration Date:

EMS Agency Information		
Are you currently affiliated with an agency? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please complete the information)		
Affiliated Agency:		
EMS Supervisor or Fire Chief:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

Questions:

Please provide brief responses to the following questions:

Why do you want to become a paramedic?

What are your immediate career goals upon graduation?

What are your long-range professional goals?

How will you help to facilitate your success in the program?

Essay Question

Please answer the topic question in essay form. Your essay should be 300 words or less.

Describe a situation in which you demonstrated an ability to assume responsibility and make a difficult decision. The situation should relate to your interest in becoming a Paramedic. How did your strengths help you in this decision? How did your weaknesses affect your ability to make the decision? How did you overcome them?

PLEASE READ AND SIGN:

The information submitted in this application is complete and accurate. I understand that falsification of any information on this application may be grounds for non selection or dismissal from the Paramedic Program.

Sign: _____ Date: _____

