

# **Bridgerland Technical College Paramedic**

**Application Steps** 

	Complete all prerequisite courses with a "C+" grade or higher.				
	Prerequisite Courses*  Available at Bridgerland Technical College (BTECH)	Medical Terminology: 30 hours English for Public Services: 60 hours A&P for Public Services: 60 hours			
Step 1	Other Application Requirements	College Math for Public Services: 75 hours OR Drug Dosages and Calculations: 30 hours  Current EMT Certification-provide a copy of the card that shows your certification is valid through the entirety of the Paramedic Program  Current CPR certification -AHA BLS Provider- please provide proof of certification			
	s from other institutions may meet BTECH course and course descriptions will need to be provided and will be sis. If you have questions, please contact Jaime Tanner, c Services, (435) 237-3276, or Shanna Alger, Paramedic				
Step 2	Take and pass all areas of BTECH's academic assessment exam for the Paramedic program. A minimum of 4-6 weeks before the deadline is recommended. Contact the Assessment & Learning Center at (435) 750-3188 for an appointment. The test score is valid for one year. The assessment test may be taken a maximum of two times within a year. Include a copy of the test score sheet with your application.				
Step 3	Complete the BTECH Admission Form online or in student services AND then the Bridgerland Paramedic Program Application. Applications for the program must be received or postmarked by the application deadline.  > Fall Deadline August 1  The complete Paramedic Program Application packet may be mailed to the Paramedic Program, 1410 North 1000 West, Logan, UT 84321, or may be submitted in person to				
	Student Services Monday through Friday, 9 a.m. to 4 p.m.  The applicant is responsible for collecting and returning the materials listed on the Application Checklist sheet as a complete packet.				
Step 4 (Optional)	If you have questions about the Paramedic Program, make an appointment with a Student Success Advisor at btech.edu/students/advising/. You can also contact Jaime Tanner Administrative Assistant for Public Services, (435) 237-3276, or Shanna Alger, Paramedic Director (435) 994-8165.				



# Bridgerland Technical College Paramedic Application Checklist

Complete the following checklist and return it with your application. Please note that any missing information could render your file incomplete.

Please	initial or write N/A on each of the following statements:
	I have completed the BTECH (Bridgerland Technical College) entrance assessment. I have enclosed a copy of the score sheet given to me by the Assessment & Learning Center.
	I understand that after acceptance into the program, I will be required to submit to a national criminal background check, drug screen, and sex offender check.
	I have completed all prerequisite courses with a grade of 'C' or better, or I am currently enrolled in the remainder of my prerequisites with a current grade of 'C' or better. <b>NOTE:</b> If you attended an out-of-state school, please do the following: 1) find the school's accreditation status on its website and print; 2) go to the accrediting body's website and print out the page that says the school is regionally accredited. Include these documents in your packet.
	I have submitted official transcripts from <i>all</i> of the colleges/universities where I <i>originally</i> completed prerequisite courses. Transcripts may be submitted either by mail (Attn: Paramedic Program) or in a sealed official envelope with my application. Transcripts not received by the application deadline or which are opened could render my file incomplete; <b>OR</b> , I am currently enrolled in one or all of the prerequisites courses. I have included email(s) from my instructor(s) with my current course grade(s).
	<b>NOTE:</b> BTECH will <b>not</b> accept high school transcripts for college credit. If you take your prerequisite courses at BTECH, you may request a BTECH transcript by visiting our website at http://btech.edu/students/student-guide#transcripts; mail, fax, or bring the form to BTECH's Student Services in person. Allow 3-5 business days for processing transcripts once information/payment has been received. Official BTECH transcripts are \$3 each.
	I am submitting transcripts from another state, and I have provided a course description for each course so it can be determined if transfer credit can be given. I understand I only need to submit course descriptions for the prerequisite courses I want to transfer
	I have included a copy of my current EMT certification that is valid through the entirety of the Paramedic Program.
	I have completed all BTECH Paramedic Program Application sections, including the Goal Statement and sealed Reference Evaluation forms. I have also completed the BTECH Admission Form online or in student services prior to submitting my BTECH Paramedic Program Application (which is different from the Paramedic Program Application).
	I have initialed or placed N/A on every line of this application checklist. I understand that failure to provide the above information by the application deadline will render my file incomplete, and it will be returned.
Signat	cure of Applicant Date



### Bridgerland Technical College Paramedic Required Information

First Name			
Pref. Name			
Last Name			
Maiden/Aliases			
Home Address			
City, State, Zip			
Mailing Address	(if different from above)		
Email Address			Date of Birth
Cell Phone		Home Phone	
Emergency Con	act: Name		Phone
Emergency M Certifica EMT-Advance	ion # ld Yes □ No □	No Date of Exp National Registry: Date of Exp	to be awarded points)  piration:  piration:
requirements <u>jtanner@btech</u> 8165).	n out-of-state EMT or national regination of the contact Jaime Tanner, Admedu, (435) 237-3276, or Shanna Alge e include a copy of current certification	ninistrative Assistant for Paramedic Director, s	r Public Services, salger@btech.edu, (435) 994-
Other:			
Odici			



Emergency Medical Services Work or Volunteer Experience
List most recent work or volunteer experience first. If none, indicate by N/A.
May attach a separate sheet if necessary.

Agency			Phone		
Address					
Position		Supervisor			
Job Description					
Total months and/or yea	rs employed or	volunteered: F	From – To (dates):		
years	months	□Full-Time (32+ hrs/wk)	□Part-time (2-31 hrs/wk)		
Agency			Phone		
Address					
Position		Supervisor			
Job Description					
Total months and/or yea	rs employed or	volunteered: From – To	o (dates):		
years	months	□Full-Time (32+ hrs/wk)	□Part-time (2-31 hrs/wk)		
Agency			Phone		
AgencyAddress			Phone		
		Supervisor	Phone		
Address		Supervisor	Phone		
Address Position		Supervisor	Phone		
Address Position Job Description	rs employed or	Supervisor volunteered: From – To			
Address Position Job Description	rs employed or months		o (dates):		
Address Position Job Description Total months and/or yea		volunteered: From – To	o (dates):		
Address  Position  Job Description  Total months and/or yea  years		volunteered: From – To	o (dates): □Part-time (2-31 hrs/wk)		
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Address Position Job Description  Total months and/or yea years Agency Address Position	months	volunteered: From – To  □Full-Time (32+ hrs/wk)  Supervisor	o (dates): □Part-time (2-31 hrs/wk)		



# **Prerequisite Unofficial Grade Worksheet**

Applicant Name						
Please fill out the information below of making sure all of your courses are as as applicable. Please be aware that all coursework taken at other colleges wiff the course you took at another colleges. All prerequisite courses must be compared to the course of the cour	ccounted for. Be sure to transfer the Il grades will be verified using official ill be considered competency on a ca ege does not meet our prerequisite c	exact grant transcript ise-by-case ompetend	ade, with a plus ts. Collegiate-lev se basis. You wil sies.	or minus /el I be notified		
unacceptable. If you are currently engour instructor(s) with your current of for prerequisite courses or contact inf	rolled in one or all of the prerequisite ourse grade(s). See Step 1 of the app	es listed be plication s	elow, include en teps for course	nail(s) from numbers		
Prerequisite Course	School	Year	Semester	Grade		
Medical Terminology						
Math or Drug Dosages						
English						
Anatomy & Physiology (A & P) (combined)						
*Anatomy						
*Physiology						
*A combined A&P course is all that is Physiology courses could also demons I understand that providing false or n courses may render my application in	strate competency.  nisinformation regarding the grades I		·			
Signature of Applicant Date						



# **Professional Goal Statement**

Applicant Name
Using the lines below and on the next page, write a statement of your professional goals. Please address you career goals, why becoming a paramedic is important to you, your beliefs that will contribute to the profession, and any other pertinent information. Scoring is based on the following criteria:  • The statement <i>must</i> be handwritten; typed statements will not be accepted.  • The statement <i>must</i> be a <i>minimum</i> of 150 words and a <i>maximum</i> of 200 words. Count carefully!  • The statement will be graded on legibility, spelling, punctuation, grammar, and sentence structure.



#### **Professional Goal Statement - Continued**

– Please Note –	
Only complete applications are considered for review	



#### References

List the names of the three professional people who will be completing your reference evaluation forms. If employed with an agency, two forms must be completed by a paramedic or your direct supervisor. Other potential references include people who are now or who have been your employer, supervisor, former instructor, or community leader. They must have known you for at least six months and cannot be related to you. You must have three reference forms returned in order to potentially receive the maximum three points. Two reference forms are required for application consideration but will not qualify for all three points.

Name		
Address		
Institution	Position	
Name		
Address		
Institution	Position	
Name		
Address		
Institution	Position	



# **Bridgerland Technical College Paramedic Program**

### **Personal Reference Evaluation Instructions**

TO THE APPLICANT: Please complete this section only.						
Applicant Name						
	nd Privacy Act of 1974 and its amendments guarantee student . However, students are permitted to waive their rights to					
	the applicant's wish regarding this recommendation: his form or any supplementary notes or letters pertaining to					
Applicant's Signature	Date					
TO THE EVALUATOR: Please complete the re	mainder of this document.					
• •	a reference in support of an application for the Paramedic is based on the understanding that you have known the					
	of the applicant's abilities and potential for further education. ttom of this form and the next two (2) pages. When complete, seal, and return the envelope to the applicant.					
Thank you, Shama Alger						
Shanna Alger Director, Paramedic program						
Evaluator's Signature	Date					
Title						
Institution						
Address	Address					
City, State, Zip						
Phone Number						
Length of time you have known Applicant						
Capacity in which you have known Applicant _						



# **Bridgerland Technical College**

# Paramedic Program

#### **Reference Evaluation Form**

**Instructions:** The following questions or statements identify a variety of traits, skills, attitudes, etc. Please indicate the degree to which each quality is characteristic of the candidate you are rating by reading the statement carefully, reading the points on the scale, and circling the number of your choice.

on the scale. Pleas	se rate each sta characteristic n	reading the points of atement independer night influence the r	ntly and avoid	d a tendency to rate	on general
Problem Solving: A	Ability to identify a	and solve problems			
1	2	3	4	5	Unable to Assess
Poor		Average	т	Excellent	Oriable to Assess
Comment:					
Attitude: Outlook p	rojected towards	life, school, job, etc.			
1	2	3	4	5	Unable to Assess
Negative	<del>-</del>	Average	<u> </u>	Positive	
Comment:					
Stress/Anxiety Re	<b>sponse:</b> Deals w	ith stressful, anxiety-pro	ducing situation	S	
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent, calm & effective	
Comment:					
-					
Motivation/Account	ntability: Extent	to which individual appli	es self and is ac	ccountable	
1	2	3	4	5	Unable to Assess
Uninspired/ blames others		Average		Self-starter; motivated;	
biarries otriers				accountable	
Comment:					
Appearance: Exten	t to which standar	rds of appearance are m	et		
1	2	3	4	5	Unable to Assess
Untidy		Average		Well-groomed	
Comment:					

1	2	3	4	5	Unable to Asses
Health problems		Average		Health almost	0.100.0 10 / 10000
often interfere				never interferes	
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omment:					
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Place in envelope, seal the envelope,

sign the seal, return to applicant. (Envelopes will not be accepted unsigned)



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	records concerning them. However,	Act of 1974 and its amendments guarantee student students are permitted to waive their rights to
		cant's wish regarding this recommendation: any supplementary notes or letters pertaining to
Applicant's Signature		Date
TO THE EVALUATOR	R: Please complete the remainder of	this document.
	d Technical College. This is based or	e in support of an application for the Paramedic n the understanding that you have known the
Please take a few mon		licant's abilities and potential for further education. s form and the next two (2) pages. When complete, eturn the envelope to the applicant.
Thank you,		
Shanna Alger Director, Paramedic pr	· ·	
Evaluator's Signature		Date
Title		
Institution		
Phone Number		
Length of time you ha	ve known Applicant	
Capacity in which you	have known Applicant	



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1	2	3	4	5	Unable to Assess
Poor		Average	т	Excellent	Oliable to Assess
Comment:					
Attitude: Outlook pr	rojected towards	life, school, job, etc.			
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Comment:					
l /	5.1.				
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Untidy		Average		Well-groomed	
Comment:					

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# **Bridgerland Technical College Paramedic Program**

### **Personal Reference Evaluation Instructions**

TO THE APPLICANT	: Please complete this section only.	
Applicant Name		
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Applicant's Signature	<u> </u>	Date
TO THE EVALUATOR	R: Please complete the remainder of	this document.
The above-named app	olicant has chosen you as a reference d Technical College. This is based or	e in support of an application for the Paramedic n the understanding that you have known the
Please take a few mon		licant's abilities and potential for further education. s form and the next two (2) pages. When complete, eturn the envelope to the applicant.
Thank you,		
Shanna	alger	
Shanna Alger Director, Paramedic pr		
Evaluator's Signature		Date
Title		
Institution		
Address		
City, State, Zip		
Phone Number		
Length of time you have	ve known Applicant	
Capacity in which you	have known Applicant	



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# Paramedic Program

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Poor		Average	т	Excellent	Oliable to Assess
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biarries ouriers				accountable	
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Untidy		Average		Well-groomed	
Comment:					

1	2	3	4	5	Unable to Asses
Health problems		Average	•	Health almost	0110010 00 710000
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