



## Bridgerland Technical College Paramedic Application Steps

<b>Step 1</b>	Complete all prerequisite courses with a "C+" grade or higher.	
	<p><b>Prerequisite Courses*</b> <i>Available at Bridgerland Technical College (BTECH)</i></p> <p><b>Other Application Requirements</b></p>	<p><b>BTECH</b>            MEDA 1105-Medical Terminology: 60 hours            FIRE 1120-Math for PS: 75 hours            FIRE 1110-English for PS: 60 hours            EMSP 1010-A&amp;P for PS: 60 hours</p> <p>Current EMT Certification-provide a copy of the card that shows your certification is valid through the entirety of the Paramedic Program</p> <p>Current CPR certification -AHA BLS Provider- please provide proof of certification</p>
<p><b>IMPORTANT NOTE:</b> <a href="#">Courses from other institutions may meet BTECH course competencies. Official transcripts and course descriptions will need to be provided and will be considered on a case-by-case basis. If you have questions, please contact Jaime Tanner, Administrative Assistant for Public Services, (435) 237-3276, or Shanna Alger, Paramedic Director, (435) 994-8165.</a></p>		
<b>Step 2</b>	<p>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 &amp; 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.</p>	
<b>Step 3</b>	<p>Complete the BTECH Admission Form online or in student services <b>AND</b> then the Bridgerland Paramedic Program Application. Applications for the program must be received or postmarked by the application deadline.</p> <p style="margin-left: 40px;">➤ Fall Deadline                      August 1</p> <p>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.</p> <p>The applicant is responsible for collecting and returning the materials listed on the Application Checklist sheet as a complete packet.</p>	
<b>Step 4 (Optional)</b>	<p><a href="#">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.</a></p>	



# 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.  
**NOTE:** 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 *all* of the colleges/universities where I *originally* 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; **OR**, I am currently enrolled in one or all of the prerequisite courses. I have included email(s) from my instructor(s) with my current course grade(s).  
**NOTE:** BTECH will **not** 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.

\_\_\_\_\_  
Signature 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 Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Certifications/Health Care Training** (Must have current certification to be awarded points)

Emergency Medical Technician (EMT) Yes  No  Date of Expiration: \_\_\_\_\_

Certification # \_\_\_\_\_ National Registry: \_\_\_\_\_

EMT-Advanced Yes  No  Date of Expiration: \_\_\_\_\_

Certification # \_\_\_\_\_ National Registry: \_\_\_\_\_

\*Students with out-of-state EMT or national registry certification may have additional requirements\* (Please contact Jaime Tanner, Administrative Assistant for Public Services, [jtanner@btech.edu](mailto:jtanner@btech.edu), (435) 237-3276, or Shanna Alger Paramedic Director, [salger@btech.edu](mailto:salger@btech.edu), (435) 994-8165).

If "Yes", please include a copy of current certifications in your application.

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### 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 years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)

  

Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)

  

Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)

  

Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)



## Prerequisite Unofficial Grade Worksheet

Applicant Name \_\_\_\_\_

Please fill out the information below concerning your prerequisite courses. This will assist the program in making sure all of your courses are accounted for. Be sure to transfer the **exact** grade, with a plus or minus as applicable. Please be aware that all grades will be verified using official transcripts. Collegiate-level coursework taken at other colleges will be considered competency on a case-by-case basis. You will be notified if the course you took at another college does not meet our prerequisite competencies.

All prerequisite courses must be completed with a grade of "C" or better. Grades of "C-" or below are unacceptable. If you are currently enrolled in one or all of the prerequisites listed below, include email(s) from your instructor(s) with your current course grade(s). See Step 1 of the application steps for course numbers for prerequisite courses or contact information to learn more about transferring courses from other schools.

Prerequisite Course	School	Year	Semester	Grade
Medical Terminology				
Math				
English				
Anatomy & Physiology (A & P) (combined)				
*Anatomy				
*Physiology				

\*A combined A&P course is all that is required as a prerequisite. However, stand-alone Anatomy and Physiology courses could also demonstrate competency.

I understand that providing false or misinformation regarding the grades I received in any of the prerequisite courses may render my application incomplete.

\_\_\_\_\_  
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 your 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 **must** be handwritten; typed statements will not be accepted.
- The statement **must** be a **minimum** of 150 words and a **maximum** 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 \_\_\_\_\_

**Please Note:** *The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. However, students are permitted to waive their rights to access recommendations.*

**The following signed statement indicates the applicant's wish regarding this recommendation:**

I  waive /  do not waive my right to see this form or any supplementary notes or letters pertaining to this reference form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO THE EVALUATOR:** Please complete the remainder of this document.

The above-named applicant has chosen you as a reference in support of an application for the Paramedic Program at Bridgerland Technical College. This is based on the understanding that you have known the applicant for at least six (6) months.

We are particularly interested in your appraisal of the applicant's abilities and potential for further education. Please take a few moments to complete the bottom of this form and the next two (2) pages. When complete, please seal the forms in an envelope, sign the seal, and return the envelope to the applicant.

Thank you,

Shanna Alger  
Director, Paramedic program

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

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. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

<b>Problem Solving:</b> Ability to identify and solve problems					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Attitude:</b> Outlook projected towards life, school, job, etc.					
1	2	3	4	5	Unable to Assess
Negative		Average		Positive	
<b>Comment:</b> _____					

<b>Stress/Anxiety Response:</b> Deals with stressful, anxiety-producing situations					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent, calm & effective	
<b>Comment:</b> _____					

<b>Motivation/Accountability:</b> Extent to which individual applies self and is accountable					
1	2	3	4	5	Unable to Assess
Uninspired/ blames others		Average		Self-starter; motivated; accountable	
<b>Comment:</b> _____					

<b>Appearance:</b> Extent to which standards of appearance are met					
1	2	3	4	5	Unable to Assess
Untidy		Average		Well-groomed	
<b>Comment:</b> _____					

<b>Health:</b> Extent to which health or physical disability affects performance					
1	2	3	4	5	Unable to Assess
Health problems often interfere		Average		Health almost never interferes	
<b>Comment:</b> _____					

<b>Communication Skills:</b> Ability to communicate with peers, coworkers, teachers, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Integrity:</b> Extent to which the candidate displays an ethical code					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Interpersonal Relationships:</b> Ability to cooperate and get along with peers, coworkers, teachers, employees, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

In summary, please indicate the degree to which you support this applicant for study in the Paramedic program:

- I strongly support this applicant
- I support with reservation. Please indicate your concerns in the comments section below.
- I **do not** support this applicant. Please indicate your concerns in the comments section below.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments may be placed on a separate page.

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



# Bridgerland Technical College Paramedic Program

## Personal Reference Evaluation Instructions

**TO THE APPLICANT:** Please complete this section only.

Applicant Name \_\_\_\_\_

**Please Note:** *The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. However, students are permitted to waive their rights to access recommendations.*

**The following signed statement indicates the applicant's wish regarding this recommendation:**

I  waive /  do not waive my right to see this form or any supplementary notes or letters pertaining to this reference form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO THE EVALUATOR:** Please complete the remainder of this document.

The above-named applicant has chosen you as a reference in support of an application for the Paramedic Program at Bridgerland Technical College. This is based on the understanding that you have known the applicant for at least six (6) months.

We are particularly interested in your appraisal of the applicant's abilities and potential for further education. Please take a few moments to complete the bottom of this form and the next two (2) pages. When complete, please seal the forms in an envelope, sign the seal, and return the envelope to the applicant.

Thank you,

Shanna Alger  
Director, Paramedic program

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

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. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

<b>Problem Solving:</b> Ability to identify and solve problems					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b>	_____				

<b>Attitude:</b> Outlook projected towards life, school, job, etc.					
1	2	3	4	5	Unable to Assess
Negative		Average		Positive	
<b>Comment:</b>	_____				

<b>Stress/Anxiety Response:</b> Deals with stressful, anxiety-producing situations					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent, calm & effective	
<b>Comment:</b>	_____				

<b>Motivation/Accountability:</b> Extent to which individual applies self and is accountable					
1	2	3	4	5	Unable to Assess
Uninspired/ blames others		Average		Self-starter; motivated; accountable	
<b>Comment:</b>	_____				

<b>Appearance:</b> Extent to which standards of appearance are met					
1	2	3	4	5	Unable to Assess
Untidy		Average		Well-groomed	
<b>Comment:</b>	_____				

<b>Health:</b> Extent to which health or physical disability affects performance					
1	2	3	4	5	Unable to Assess
Health problems often interfere		Average		Health almost never interferes	
<b>Comment:</b> _____					

<b>Communication Skills:</b> Ability to communicate with peers, coworkers, teachers, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Integrity:</b> Extent to which the candidate displays an ethical code					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Interpersonal Relationships:</b> Ability to cooperate and get along with peers, coworkers, teachers, employees, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

In summary, please indicate the degree to which you support this applicant for study in the Paramedic program:

- I strongly support this applicant
- I support with reservation. Please indicate your concerns in the comments section below.
- I **do not** support this applicant. Please indicate your concerns in the comments section below.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments may be placed on a separate page.

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



# Bridgerland Technical College Paramedic Program

## Personal Reference Evaluation Instructions

**TO THE APPLICANT:** Please complete this section only.

Applicant Name \_\_\_\_\_

**Please Note:** *The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. However, students are permitted to waive their rights to access recommendations.*

**The following signed statement indicates the applicant's wish regarding this recommendation:**

I  waive /  do not waive my right to see this form or any supplementary notes or letters pertaining to this reference form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO THE EVALUATOR:** Please complete the remainder of this document.

The above-named applicant has chosen you as a reference in support of an application for the Paramedic Program at Bridgerland Technical College. This is based on the understanding that you have known the applicant for at least six (6) months.

We are particularly interested in your appraisal of the applicant's abilities and potential for further education. Please take a few moments to complete the bottom of this form and the next two (2) pages. When complete, please seal the forms in an envelope, sign the seal, and return the envelope to the applicant.

Thank you,

Shanna Alger  
Director, Paramedic program

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

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. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

<b>Problem Solving:</b> Ability to identify and solve problems					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b>	_____				

<b>Attitude:</b> Outlook projected towards life, school, job, etc.					
1	2	3	4	5	Unable to Assess
Negative		Average		Positive	
<b>Comment:</b>	_____				

<b>Stress/Anxiety Response:</b> Deals with stressful, anxiety-producing situations					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent, calm & effective	
<b>Comment:</b>	_____				

<b>Motivation/Accountability:</b> Extent to which individual applies self and is accountable					
1	2	3	4	5	Unable to Assess
Uninspired/ blames others		Average		Self-starter; motivated; accountable	
<b>Comment:</b>	_____				

<b>Appearance:</b> Extent to which standards of appearance are met					
1	2	3	4	5	Unable to Assess
Untidy		Average		Well-groomed	
<b>Comment:</b>	_____				



<b>Health:</b> Extent to which health or physical disability affects performance					
1	2	3	4	5	Unable to Assess
Health problems often interfere		Average		Health almost never interferes	
<b>Comment:</b> _____					

<b>Communication Skills:</b> Ability to communicate with peers, coworkers, teachers, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Integrity:</b> Extent to which the candidate displays an ethical code					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

<b>Interpersonal Relationships:</b> Ability to cooperate and get along with peers, coworkers, teachers, employees, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
<b>Comment:</b> _____					

In summary, please indicate the degree to which you support this applicant for study in the Paramedic program:

- I strongly support this applicant
- I support with reservation. Please indicate your concerns in the comments section below.
- I **do not** support this applicant. Please indicate your concerns in the comments section below.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments may be placed on a separate page.

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