

Paramedic Certification Course for Health Care Professionals Application

**May 7 - 18, 2012
July 23 - August 3, 2012
October 8 - 19, 2012**

Creighton
UNIVERSITY
EMS Education

Course Description

The course is designed to prepare the currently credentialed critical care health care professional for the assessment, care, transport and communication requirements of the sick and injured in the out-of-hospital setting. While giving an active health care professional (R.N., M.D., D.O.) credit for their clinical and educational expertise, this course supplements and augments skills already gained to enable the participant to function as a valuable pre-hospital team member with both ground and air service programs. After successful completion, the participant will meet eligibility requirements to complete the National Registry examination for Paramedics.

Prerequisites: R.N., M.D. or D.O., EMT Certification, two years critical care experience, ACLS provider. Trauma (i.e. TNCC, PHTLS, ITLS, CATN, TNS) and Pediatric (i.e. PALS, APLS, EPC, PEPP) course certificates strongly recommended.

Didactic training is scheduled during the day, OR time to perform intubations will be scheduled with local hospitals in the mornings prior to classroom time. Field Internship for assessments with local fire departments and ambulance services will be scheduled evenings/weekend during the two-week course. Successful completion of the course requires each student to obtain 50 team leads. This may not be accomplished during the 2 weeks of class, so arrangements can be made with Creighton University EMS Education and your local EMS agencies to complete these in your local area.

The Creighton University EMS Education Program is approved by the Nebraska Department of Health to provide EMT education. Questions regarding reciprocity should be directed to the individual's state EMS credentialing agency for requirements.

Application Checklist:

- Two recommendations (use forms provided)
- Copy of college transcripts
- Copy of driver's license
- Copy of current CPR card (Healthcare Provider or equivalent)
- Copy of current professional license, i.e. Nursing License
- Copy of ACLS Certification
- Copy of EMT License/Certification/Registration
- Copy of Trauma and Pediatric Certification (if applicable)
- Resume
- 300-word essay, "Why I want to take this course."
- \$50 non-refundable application fee (certificate students only)

Submit application materials to: Creighton EMS Education
2514 Cuming Street
Omaha, NE 68131
email: ems@creighton.edu
tel. 402.280.1280 or 800.327.7530
fax. 402.280.1288

*If accepted to the class, students are expected to comply with immunization requirements for Creighton University Health Science students. Immunization compliance is monitored by Creighton University Health Services, www.creighton.edu/chc/healthservices. Instructions on submitting immunization information will be sent to you with your acceptance letter. Please do not submit immunization information directly to CU EMS Education. **Registration in any course at Creighton University requires students to have received two doses of MMR, or submission of positive immunity laboratory testing. Full compliance with all immunization requirements is mandatory for students to participate in required patient care activities.**



**Creighton University
Emergency Medical Services Education
Paramedic Certification Course for Health Care Professionals**

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Credit Student: Please contact Mary Beth Bestenlehner (402.280.2730 or mbbest@creighton.edu) to enroll in Creighton University as a college credit student.

Certificate Student: Please contact EMS Education (402.280.1280) to enroll as a noncredit certificate student.

Application Date _____ Gender Male Female

Name _____
first mi last

Address _____
street city state zip

Home Phone () _____ Work Phone () _____
include area code include area code

Cell Phone () _____ Email _____
include area code

SSN# - - _____ DOB / / _____
mm/dd/yy

- | | | |
|--|------------------------------|-----------------------------|
| Do you have a physical handicap or disability that may require special provisions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a misdemeanor or felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been addicted to any chemical substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any disciplinary action brought against you in connection with EMS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you previously attended a paramedic course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide contact information (program name, phone number/ contact person/date)

If the answer to any of the above questions is "Yes" please attach documentation of the circumstances.

Certification:

EMT Certification

State: _____ Number _____ Expiration _____

National Registry Number _____ Expiration _____

Occupational Experience:

Number of years of EMS experience: _____

Other relevant medical experience: _____

I certify that to the best of my knowledge there is no misrepresentation or falsification in any response on this application or its supporting documents.

Signature

Date

NONCREDIT CERTIFICATE SEEKING STUDENTS ONLY.

(Students registering for college credit will be billed at the current tuition rate; tuition statements are available on your NEST account.)

PAYMENT INFORMATION

- Noncredit Tuition for the Paramedic Certification Course for Health Care Professionals is \$2,750.
- **A \$50 non-refundable application fee is required with this application.** The application fee will apply toward course deposit if you are accepted to the course.
- If accepted to the course, a \$250 deposit is required to reserve your space on the roster.
- Full course payment is due at start of class.

- Check enclosed** (make check payable to Creighton University EMS)
- Please bill my credit card** (complete information below)
 - Visa** **MasterCard** **Discover** **American Express**

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Your application will be reviewed by the admissions committee as soon as all the requirements have been received. You will be notified of your acceptance by mail.

We reserve the right to cancel a class due to lack of enrollment. Do not make travel arrangements before this time and before receiving confirmation of class status. You will receive a full tuition refund if the class is cancelled.