COLUMBUS STATE
EMERGENCY MEDICAL SERVICES

Date Received: _____
Time Received: _____
Initials: _____
OFFICE USE ONLY

PARAMEDIC PROGRAM APPLICATION

Please indicate your desired cohort:

_____ Autumn Semester 2027 start-Morning Class/Afternoon Hospital Clinical

_____ Spring Semester 2028 Start-Afternoon Class/Evening Hospital Clinical

(Field time for either cohort is scheduled separately with some flexibility within Program parameters.)

Applicant Last Name: _____ First Name: _____ M.I. _____

Cell Phone: _____ Alternate Phone: _____

Personal Email Address: _____ CSCC Email Address: _____

Ohio EMT Certification #: **(required)** _____ Ohio Expiration Date: _____

NREMT Certification Number: (optional)_____ NREMT Expiration Date: _____

Have you ever had your EMT or other health care certificate or license suspended or revoked in Ohio or any other state? _____

*If yes to above question, please consult with a CSCC EMS program faculty member to discuss procedure to document this occurrence.

Have you ever been enrolled in a paramedic training program prior to this? _____

If yes, which program? _____

Do you feel that you are physically fit, emotionally capable, of good moral character, and motivated to serve independently as a paramedic?

_____

Please use this page to explain your primary reasons for pursuing paramedic training. List two of the greatest strengths you will bring with you during the education program. List two of the most significant challenges you may face during the paramedic program.

Please provide any relevant patient care experience you have, either paid or volunteer:

Company: _____ ALS Provider? _____

Address: _____

Supervisor Name: _____ Job Title: _____

Supervisor Email: _____ Supervisor Phone: _____

Time worked at this company: _____ May we contact the supervisor for reference? _____

Company: _____ ALS Provider? _____

Address: _____

Supervisor Name: _____ Job Title: _____

Supervisor Email: _____ Supervisor Phone: _____

Time worked at this company: _____ May we contact the supervisor for reference? _____

Please provide the name of your EMT or AEMT instructor:

EMS Program Name: _____

Address: _____

Instructor Name: _____ Job Title: _____

Instructor Email: _____ Instructor Phone: _____

Date EMT course completed: _____ May we contact the instructor for reference? _____

Other reference:

Please list contact information for another person that can provide a professional reference for you. We prefer an instructor or a work supervisor. One option can be an instructor for a non-EMS course. A work supervisor, is another option, even if the job was not EMS related.

Name: _____ Relationship to this person: _____

Email Address: _____ Phone: _____

Name: _____ Relationship to this person: _____

Email Address: _____ Phone: _____

Please submit your completed application with the following documents:

- Copy of your Ohio EMT Certification (screenshot from the website is acceptable)
- Copy of your current BLS Provider CPR card/certificate

Copy of completion certificates for the following:

FEMA COURSES:

- IS-700.B: An Introduction to the National Incident Management System
- IS-100.C: Introduction to the Incident Command System, ICS 100

OHIO EMS COURSES:

- Ohio Rescue Task Force Awareness-Course # WBT923
- Ohio Trauma Triage-Course # WBT912
- Dementia Training for Ohio EMS- Course # WBT924

Application & Testing Procedure:

Applications for AU 27 are due on June 21, 2027 and Oct 18, 2027 for SP 28. Email to: kshort@cscc.edu
Your application and responses from references will be reviewed and combined with your scores from the following:

- CSCC EMT Knowledge Exam
- HESI A2 Exam Score
- Relevant patient care experience
- Work or volunteer for an ALS agency/department
- Completed courses that are part of the CSCC EMS AAS degree

Please note: There are sign up instructions for both the CSCC EMT Knowledge Exam and the HESI exam on the Admissions page of the CSCC EMS program. LINK TO EMS ADMISSIONS PAGE

All applicants' results will be tallied and ranked in accordance with these scores and criteria. Applicants will be emailed letters of acceptance into the desired cohort or position on the wait list. The mandatory Orientation date for each cohort is the Friday of Finals Week of the semester before the cohort begins. (Aug 13, 2027, for AU 27 Cohort; Dec 17, 2027, for SP 28 Cohort). Upon acceptance into the program, students must complete and upload a Health Record that includes receipt of the current flu vaccine. This is non-negotiable and required by our clinical partners; waivers are not accepted.

Application Submission Statement:

I have read and understand all of the preceding questions and statements contained in this document. I understand that CSCC will be contacting the references I have listed. I hereby authorize CSCC or its representatives to investigate information, statements and/or references provided in this application, without liability arising, therefore. I understand that if offered acceptance into the program, I will have to complete and submit and have approved the current EMS Paramedic Program Health Record. I also understand that I will have to pay for and submit to a background check and drug screen test through the current CSCC procedures. I have read, understand, and agree to all above said.

Signature: _____ Date: _____