Application Checklist

_____ Complete application to the University of South Dakota if not already enrolled. All candidates considered for entrance into the Paramedic Program must be in good academic standing with the University.  [http://www.usd.edu/admissions](http://www.usd.edu/admissions)

_____ If you desire financial aid to assist with the cost of education, please complete the FAFSA ([http://fafsa.ed.gov](http://fafsa.ed.gov)). For further questions, please contact the Office of Financial Aid: [http://usd.edu/financial-aid](http://usd.edu/financial-aid)

_____ Send official college transcripts from all educational institutions you have attended. Transcripts must be sent directly from the Registrar’s Office at those institutions to the Registrar’s Office at the University of South Dakota. If you have attended other South Dakota public universities (Regental Schools) you are not required to provide transcripts as your coursework is already in our system. [http://www.usd.edu/admissions/transfers](http://www.usd.edu/admissions/transfers)

_____ Submit proof of certification as a Nationally Registered Emergency Medical Technician-Basic.

_____ Submit copy of Healthcare Provider CPR card. CPR certification must be maintained and current throughout the program.

_____ Submit completed core performance standards form.

_____ Complete entrance exam.

_____ Request recommendation letters be sent directly to Rachelle Kotnour by three of the following:

1. Current Ambulance Administrator
2. Medical Advisor of an ambulance service
3. Educator with knowledge of applicant
4. Recent Employer
5. HOSA Advisor

_____ Submit completed Paramedic Program Application to Rachelle Kotnour (See below).

_____ Gather completed immunization records and determine immunization requirements you need to demonstrate compliance with the School of Health Sciences Immunization Policy. [https://portal.usd.edu/academics/health-sciences/loader.cfm?csModule=security/getfile&amp;PageID=36168](https://portal.usd.edu/academics/health-sciences/loader.cfm?csModule=security/getfile&amp;PageID=36168)
# Paramedic Program Application

## Contact Information

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<table>
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<tbody>
<tr>
<td>Name (Last, First)</td>
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<tr>
<td>USD Student ID#</td>
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<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Cell/Home Phone(s)</td>
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<tr>
<td>Work Phone</td>
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<tr>
<td>E-mail address</td>
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<tr>
<td>Submit copy of letter indicating acceptance to USD (required)</td>
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**Why do you want to become a Paramedic (100 words or less)**

**What motivates you?**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What kind of student/learner are you?</td>
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<tr>
<td>What aspects of the program will be difficult for you?</td>
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<tr>
<td>What aspects of the program will be easy for you?</td>
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<td>What do you believe the role of the Paramedic in the community/health care field is today?</td>
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<tr>
<td>What do you plan to do with your Paramedic certification?</td>
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</table>
List EMS experiences here:

The following documentation is required for consideration of admission to the paramedic program and must be submitted with this application:

1. The EMT-Basic Certification (NREMT-B) is a mandatory prerequisite to enrollment in paramedic classes.
2. Current CPR card.

Recommendation: The program faculty recommends completion of anatomy and physiology prior to enrolling in the paramedic curriculum.

Professional aspects of program:

1. Students who have been enrolled in any paramedic program or in a USD School of Health Sciences program are eligible for selection into the USD/Sanford Paramedic Program as long as they left the previous program in “good standing”. Documentation regarding this status is required from the Chairperson of that program and must be submitted with this application.

2. The University of South Dakota requires criminal background checks as part of conditional admission to all health professions programs. Background checks will be performed only after the applicant has received notice of conditional admission. Failure to disclose any previous convictions or charges pending at any point during the application process may lead to denial or revocation of admission. Felony convictions will result in denial of acceptance to the program and/or eligibility of licensure. Drug screening checks may be required for licensure and/or clinical placement while a student is in the program. Additional background checks may be required for programmatic clinical experiences.

Answer the questions on the following page. For each “YES” response, on a separate sheet of paper provide a full explanation with a complete description of events, including dates. You are to describe all violations, including those that occurred under age 18.
Background history:

1. Have you ever been convicted, pled guilty or no contest, or been granted a deferred judgment or sentence with respect to a **misdemeanor or petty offense**, including alcohol and/or drug violations? (You do not need to report minor traffic violations such as speeding tickets, seatbelt violations, etc.)
   - Yes
   - No

2. Have you ever been convicted, plead guilty or no contest, or been granted a deferred judgement or sentence with respect to a **felony**?
   - Yes
   - No

3. Have you even been granted a suspended imposition of sentence for any criminal charge?
   - Yes
   - No

4. Are there any pending criminal charges (misdemeanor, petty offense, or felony) against you at this time?
   - Yes
   - No

5. Have you ever had privileges revoked, reduced or otherwise restricted in a hospital or any other healthcare entity, including emergency medical services?
   - Yes
   - No

6. Has any professional license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subject to any type of disciplinary action?
   - Yes
   - No

7. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?
   - Yes
   - No

My signature indicates my answers to the above questions are true, accurate, and complete. I understand failure to disclose previous or pending convictions may lead to denial or revocation of admission. I understand that any falsification will be considered grounds for dismissal from the University of South Dakota health professionals programs should I be accepted.

______________________________  ______________________________
Applicant’s signature            Date
Paramedic Program Admission Procedures

1. The education committee will base Paramedic Program admission decisions on the following criteria:
   a. All prerequisite requirements are met.
   b. Evidence you meet the requirements of the National Registry of EMT’s felony policy as well as the South Dakota Board of Medical and Osteopathic Examiners criminal history policy.
   c. A review of previously completed post-secondary coursework.
   d. Cumulative grade point average on previous coursework.
   e. Total score on Fisdap Entrance Exam.
   f. Quantity and type of work experience as an EMT.
   g. Employment history, letters of recommendation, and commendations.
   h. Attitude toward profession.
   i. Effective communication.
   j. Ability to interact with others.
   k. Compliance with Core Performance Standards.
   l. Results of the Criminal Background Check.

2. Applicants who are recommended for admission to the Paramedic Program will be issued a conditional acceptance letter pending submission of all required documentation and results of the criminal background check.

3. Candidates who have left previous paramedic classes with a failing status may be considered for the program depending on the circumstances involved.

4. A final admission letter will be issued when all requirements are met satisfactorily.

Paramedic Program Admission Checklist

Applicants who receive a letter of **conditional acceptance** to the Paramedic Program will be required to complete a Criminal Background Check. Instructions will be sent with the letter of conditional acceptance.


**Upon receiving a final letter of admission to the Paramedic Program, students are required to submit:**

_____ A completed immunization form demonstrating compliance with the School of Health Sciences Immunization Policy. This includes providing titers. [https://portal.usd.edu/academics/health-sciences/loader.cfm?csModule=security/getfile&PageID=36168](https://portal.usd.edu/academics/health-sciences/loader.cfm?csModule=security/getfile&PageID=36168)

_____ Seek primary care provider’s signature indicating you have completed the required physical examination. Request the clinic submit the form to Amanda.Huber@usd.edu

_____ Submit proof of credible health insurance coverage meeting minimum coverage standards.
By signing below I certify I am ready to formally commit to the USD/ Sanford Paramedic School.

Signed: ___________________________   Print Name ___________________________   Date __________

Please submit to:

Rachelle Kotnour
University of South Dakota
School of Health Sciences
414 E. Clark Street
Vermillion, SD 57069

You can also scan and email your application form to: Rachelle.Kotnour@usd.edu

The Department of Health Sciences supports inclusivity – the state of all-embracing that is culturally attune, and which incorporates the needs and viewpoints of diverse communities to create an environment that feels welcoming to everyone and where each individual feels he/she is valued.