



2021-2022

Prospective Student Information and Application



American Professional Educational Services

One American Way

Norwich, CT 06360

Phone: 860-886-2737

[americanprotraining.com](http://americanprotraining.com)

## General Information

American Professional Educational Services was founded in 1996 in response to an increased demand for community CPR classes and soon expanded to include Emergency Medical Technician initial and refresher programs. We have continued to grow over the years into one of the largest allied health schools in eastern Connecticut.

Teaching CPR and First Aid is what got us started so we quickly became an American Heart Association Training Center. We now have over 400 affiliated instructors all over the US, teaching more than 15,000 students annually in CPR, First Aid, Advanced Cardiac Life Support, and Pediatric Advanced Life Support.

In 2001, American Professional Educational Services conducted our first Paramedic Training Program and in 2018 our Paramedic Program was accredited by the Commission on Accreditation of Allied Health Programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. We are the only accredited program in eastern Connecticut and the closest accredited program to the state of Rhode Island. We have a consortium partnership with Hartford Healthcare's Backus Hospital which is also our primary hospital clinical site.

We have since expanded to offer Phlebotomy Technician and EKG Technician programs and are a National Association of Emergency Medical Technicians (NAEMT) Training Center. The NAEMT has many high-quality prehospital provider training courses that provide clinically relevant and up to date training to EMS professionals and other healthcare providers. In 2019, we became an American Safety and Health Institute Training Center and began offering their programs, and in particular, their Child and Babysitting Safety course.

All of our programs exceed state and national minimum requirements for content and course pass rates. And many of our programs are approved by the State Approving Agency for use of GI Bill® benefits. We work with various agencies including the Eastern Connecticut Workforce Investment Board and American Job Center to help make our courses available to as many students as possible regardless of financial ability as well as offering interest free payment plans.

We are conveniently located in Norwich overlooking the beautiful Marina at American Wharf. You may use 1 Thames St, Norwich in your GPS or look us up on Waze.

The American Professional Educational Services Training Center is located in the lower level of the American Ambulance Service building in Norwich, CT. We have multiple training rooms, clinical labs, a computer lab and conference room. Our training rooms are equipped with an audio-visual system, LCD projector and DVD capabilities. Being co-located with American Ambulance Service, Inc. allows for better training and internship abilities as both establishments have vested interest in the Paramedic Program.

The American/Backus Paramedic Program Consortium is a joint venture between American Professional Educational Services and Hartford Healthcare's William W. Backus Hospital, dedicated to providing our students with the cognitive, psychomotor, affective and leadership skills necessary to provide the highest quality care to patients in the pre-hospital setting. The goal of the program is to prepare competent entry-level Paramedics. In addition, we have an articulation agreement with Charter Oak State College granting up to 30 credits towards completion of a degree.

Program tuition is \$10,500.00 and includes all instruction, lab materials, uniform shirts, clinicals with clinical instructor in attendance (where required), liability insurance, membership to the National Association of Emergency Medical Technicians (NAEMT), subscription to the Journal of Prehospital Care, and various certification programs through the American Heart Association and the National Association of Emergency Medical Technicians. The core textbook package is not included in the base tuition; purchasing information will be provided. Books generally run around \$900. See the separate Tuition & Fees document for more information including funding and payment options.

***Applicants will not be discriminated against on the basis of sex, race, national origin, religion, age or sexual preference***

The American/Backus Paramedic Program Consortium is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

To contact CAAHEP:  
1361 Park Street  
Clearwater, FL 33756  
(727) 210-2350  
[www.caahep.org](http://www.caahep.org)



To contact CoAEMSP:  
8301 Lakeview Parkway, Suite 111-312  
Rowlett TX 75088  
(214) 703-8445  
FAX (214) 703-8992  
[www.coaemsp.org](http://www.coaemsp.org)



## **Paramedic Education Program Prerequisites**

- ☐ High School diploma or GED by the first day of class
- ☐ Be at least 18 years old on the first day of class
- ☐ Be a certified/licensed EMT or AEMT, and if not certified in the State of Connecticut, obtain such certification prior to the start of clinical rotations.
- ☐ Applicant must be a certified in Healthcare Provider CPR or comparable from the American Heart Association, American Red Cross, or American Safety and Health Institute
- ☐ Applicant must be free from all physical or mental impairments which would hamper his or her ability to complete all tasks assigned during the course of study.
- ☐ Applicant must be able to fluently read, write, and speak the English language.
- ☐ Applicant must be able to perform the functional job description of a Paramedic

## **Paramedic Program Application Checklist**

- ☐ A complete and signed Paramedic Program Application
- ☐ Recommendation letters
  - A total of 3 letters of recommendation are required.
  - 2 of the letters must be professional references (employer, instructor, department chief, etc.)
- ☐ Copy of high school diploma or equivalent
- ☐ Copy of valid driver's license or state issued ID card
- ☐ Copy of a current EMT or AEMT certification
- ☐ Copy of a current Healthcare Provider CPR certification
- ☐ Completed personal statement
  - A brief essay that describes why you are choosing the career field of Paramedicine. Provide insight to personal experience, skills and abilities relative to the role of an EMS provider. Your personal statement must be typed and between 450 and 500 words; double-spaced, in size 12 Times New Roman font with your name in the heading.

## **Things You Will Need Once Selected**

- ☐ Interview with program administration
- ☐ Textbooks, purchasing information will be provided
- ☐ Completed physical form
- ☐ Proof of Hepatitis-B vaccination or signed waiver provided by program
- ☐ Proof of MMR immunization or titer
- ☐ Proof of Varicella (chicken pox) immunization or titer
- ☐ Proof of two (2) negative TB tests within the last year (one within 30 days prior to beginning of class)
- ☐ Proof of a COVID-19 vaccinations within the last year
- ☐ Proof of a Flu vaccination within the last year
- ☐ ICS 100
- ☐ ICS 200

# Paramedic Program Application

## PERSONAL INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ State and Zip \_\_\_\_\_

Social Security \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level of Cert / # \_\_\_\_\_ Expiration Date \_\_\_\_\_

## GENERAL INFORMATION - REQUIRED

Have you had any felony or criminal convictions other than traffic violations? ☐ Yes ☐ No

If YES, attach a signed note of explanation in an envelope **sealed and marked** "Confidential".

Have you ever been employed under another name? ☐ Yes ☐ No

If yes, provide the name(s) and specify the employer(s):

If you are presently employed, may we contact your employer for a reference? ☐ Yes ☐ No

If no, please explain:

Have you ever been discharged from a job? ☐ Yes ☐ No

If yes, please explain:

Can you furnish proof that you are either a US citizen or otherwise legally permitted to work in the US? ☐ Yes ☐ No

If no, please explain:

Have you ever previously applied to this program? ☐ Yes ☐ No

If yes, when?:

## EDUCATION INFORMATION

Schools Attended	Dates Attended (month/year)	Status	Certs/Diplomas/Degrees
High School: _____  Street: _____  City: _____ State: _____  Phone: _____	From: _____   To: _____	Years/Units Completed: _____  Presently Enrolled: <input type="checkbox"/> Y <input type="checkbox"/> N  Date Graduated: _____  Approximate GPA: _____	Diploma  <input type="checkbox"/> Yes <input type="checkbox"/> No
EMT School: _____  Street: _____  City: _____ State: _____  Phone: _____	From: _____   To: _____	Date Completed: _____  Cert Number: _____  Expiration Date: _____	N/A
College: _____  Street: _____  City: _____ State: _____  Phone: _____	From: _____   To: _____	Years/Units Completed: _____  Presently Enrolled: <input type="checkbox"/> Y <input type="checkbox"/> N  Date Graduated: _____  Approximate GPA: _____	Major: _____  Degree/Cert/Diploma  <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMS Employment and Membership

Employer/Department	Dates (month/year)	Details
Company: _____  Supervisor: _____  Street: _____  City: _____ State: _____  Phone: _____	From: _____   To: _____	Title: _____  Duties: _____  Approx Hrs. / Week: _____  Reason for Leaving: _____
Company: _____  Supervisor: _____  Street: _____  City: _____ State: _____	From: _____   To: _____	Title: _____  Duties: _____  Approx Hrs. / Week: _____

Phone: _____		Reason for Leaving: _____
Company: _____	From: _____	Title: _____
Supervisor: _____		Duties: _____
Street: _____	To: _____	_____
City: _____ State: _____		Approx Hrs. / Week: _____
Phone: _____		Reason for Leaving: _____

### VETERAN'S INFORMATION

Are you a veteran of the US Armed Forces <input type="checkbox"/> Yes (Complete the information below) <input type="checkbox"/> No (Skip to signatures)
What branch of the US military have you served in: _____
Dates of Service, From: _____ To _____
Current Status: _____
Type of Discharge: _____
Will you apply for Veteran's Assistance benefits to attend the Paramedic Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

- I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact may disqualify me from consideration for acceptance to the American/Backus Paramedic Program Consortium Paramedic Program. Additionally, I authorize the program to verify the statements made on or in connection with this application.
- I also certify that I have received a copy of the application packet that contains rules, regulations, course completion requirements, and costs for the Paramedic Education program.
- It is the responsibility of the applicant to ensure all required documents have been submitted with this application. Failure to submit all required documentation including transcripts will result in the candidate not being considered for the program.

_____	_____
Applicant's Signature	Date

<b>FOR OFFICIAL USE ONLY</b>	
Application Received: _____	Reviewed By: _____
Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what is missing: _____	

# PHYSICAL EXAMINATION INSTRUCTIONS

Schedule a physical exam with your personal healthcare provider. Please be aware that some healthcare providers may not be able to schedule a physical exam on short notice. Don't wait to set up an appointment! The person conducting the exam and signing the form must be a licensed Physician, Physician Assistant, or APRN.

You must complete a Physical Exam and have the EMS Programs Physical Examination Form (see attached) completely filled out by the Physician conducting the exam.

Return the completed form to American Professional Educational Services. You will not be allowed to attend class until your physical exam form is received and approved by the EMS Programs Director.

The Physical Examination Form must be returned to the ALS Program Coordinator.

## CONFIDENTIALITY

### **ALL STUDENT RECORDS WILL BE KEPT CONFIDENTIAL.**

American Professional Educational Services will not release a student's records or health related information to anyone but that student or a contracted clinical site, unless written permission is provided directly from the student to release such information.

Clinical sites will maintain record confidentiality.

## IMMUNIZATIONS

It is required that all paramedic students have the following vaccinations/tests and that they remain current throughout the duration of the program:

- **TB/ PPD Mantoux (Tuberculosis):** This test is required and must be current throughout your clinical rotation time. This test is valid for one year. **Depending on the facility, this test may have to be repeated prior to starting or finishing clinical time.**
- **Influenza:** This vaccination is required and must be current throughout your clinical rotation during flu season (October to May). It must be received at the beginning of the season or prior to the start of clinical rotation.
- **MMR (Measles, Mumps, Rubella):** All Paramedic students must provide proof of immunization for MMR. You are required to have received two (2) sets of injections. Most people receive these shots in early childhood, and then have them repeated later in their teens or pre-college years. If you are unable to obtain documentation, a physician can order a blood test requesting a MMR titer.
- **Chicken Pox (Varicella):** All Paramedic students must provide proof of immunization for Varicella. Most people receive these shots in early childhood, and they may be repeated later in their teens or pre-college years. If you are unable to obtain documentation, a physician can order a blood test requesting a Varicella titer. Physician documented proof of Varicella disease is acceptable as well.
- **Hepatitis B:** All Paramedic students are encouraged to receive the three (3) part injection series. A student may opt not to have this vaccination; however, a signed and witnessed affidavit of waiver must be completed and kept on file. Clinical sites may reject a student for not having this immunization series.
- **COVID-19:** This vaccination is required before the start of class.

To satisfy program requirements for vaccinations, students are required to provide proof of vaccinations and immunity by virtue of titer, if applicable. If Paramedic students are deficient in any of the required vaccinations, they will be required to obtain said vaccinations and/or titers prior to attendance in clinical settings. These tests are the student's requirement and will not be provided by the program or clinical site. Clinical sites reserve the right to alter health requirements at any time.



## **STUDENT PERFORMANCE STANDARDS**

Students must possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment. Performance standards for Emergency Medical Services students (Emergency Medical Technician and Paramedic) are based on information from the United States Department of Transportation Job Task Analysis.

### **EMS STUDENT PERFORMANCE SKILLS**

#### **Critical Thinking**

Critical thinking sufficient for emergency medical judgment: Independent judgments in a physician's absence; Determine treatment priorities; Make quick decisions.

#### **Interpersonal**

Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds: Life and death situations; Family stress of patient's illness; Peer stress from critical incident; Cultural diversity in reactions to illness or injury.

#### **Communication**

Communication abilities sufficient for interaction with others in verbal and written form: Radio report of patient condition; Comprehensive written reports of patient condition and treatment; Verbal report to other health care providers.

#### **Mobility**

Physical abilities sufficient to climb, stoop, crouch, kneel, and lift 125 lbs., drag, crawl, balance, reach, push, carry, bend, walk, run, and shuffle: Work in natural and man-made disasters; Move patients from incident to safety.

#### **Motor Skills**

Gross and fine motor abilities, finger dexterity, vision and hand movements sufficient to provide safe and efficient emergency care: Tie a knot, bandage; Give injections; Pick up small objects; Write with a pen.

#### **Hearing**

Auditory ability sufficient to monitor and assess health needs: Auscultation of breath sounds; Converse with patient; Work around loud equipment, on roadway; Hear radio transmissions and pager tones; Talk on telephone.

#### **Vision**

Visual ability sufficient to work in dark or dimly lit, bright light, and have spatial aptitude and form perception and color discrimination: Reading and writing reports; Visualize mechanism of injury in relation to patient's condition; Describe size and shape of wound; Describe patient's skin color.

#### **Tactile**

Tactile ability sufficient for physical assessment: Perform palpation, See motor skills.

#### **Environmental Adjustment**

Ability to provide patient care in a variety of locations and conditions: Deliver patient care in all weather conditions, in water, mud, roadways, fields, buildings, high and low elevations, in hot or cold air temperatures.

# PHYSICAL EXAMINATION FORM

The EMS student's physical examination provides evidence that the student can meet the demands of physically and emotionally challenging training without becoming a hazard to themselves, EMS personnel or their patients. A licensed physician, physician assistant, or APRN must complete this form.

Applicant/Patient Name (PRINTED): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

## MEDICAL HISTORY (CHECK ALL THAT APPLY)

Does the applicant/patient have a history of:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Prior Surgery
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Orthopedic Disorders	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> COPD	<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/> Drug Allergies
<input type="checkbox"/> Syncope	<input type="checkbox"/> Cardiac Abnormalities	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hernia	<input type="checkbox"/> Emotional Disorders
<input type="checkbox"/> GI Disorders	<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> Back or Neck Problems
<input type="checkbox"/> Chicken Pox (Varicella)	<input type="checkbox"/> Urticaria	<input type="checkbox"/> Neurological Abnormality
<input type="checkbox"/> Smoking	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Other

Please provide information concerning any boxes checked: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reactions: \_\_\_\_\_

## PHYSICAL EXAMINATION

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Vision Acuity: \_\_\_\_\_

Vision Corrected: 20/ \_\_\_\_\_ (Left)

Color Vision: \_\_\_\_\_

Vision Corrected: 20/ \_\_\_\_\_ (Right)

HEENT: \_\_\_\_\_

Hearing Assessment: \_\_\_\_\_

Cardiopulmonary: \_\_\_\_\_

Neurological: \_\_\_\_\_

Abdominal: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Back: \_\_\_\_\_

GU: \_\_\_\_\_

General: \_\_\_\_\_

Functions that are essential for EMS students, as adopted from the U.S. Department of Transportation Functional Job Analysis, are listed below. Please verify the following items by initialing.

- \_\_\_\_\_ **GENERAL PHYSICAL CONDITION:** Physical stamina; endurance and body condition that would be adversely affected by frequently having to walk and stand, lift, carry, and balance at times in excess of 150 lbs, in setting that may be outdoors in hot, wet, and slippery environments.
- \_\_\_\_\_ **MOBILITY:** Normal gait and motor coordination is necessary because over uneven terrain, patients, students, and other worker's well being must not be jeopardized. Mobility also includes the ability to kneel, crouch, crawl, and reach to perform proper patient care.
- \_\_\_\_\_ **FINE MOTOR SKILLS:** Finger dexterity, vision, and hand movements sufficient to tie a knot, bandage, give injections, pick up small objects, and write with a pen.
- \_\_\_\_\_ **NORMAL SENSES:** Ability to talk, hear, smell, and see including normal fields of vision, depth perception, and color vision are required to assess patients and to protect patients from hazard.
- \_\_\_\_\_ **ENVIRONMENTAL ADJUSTMENT:** Ability to focus on the best care possible in often adverse and dangerous situations. There may be exposure to a variety of noise levels, which at times can be quite high, particularly, when multiple sirens are sounding, and crowds/bystanders/families may be upset, crying hysterically, and making demands that may or may not be reasonable.

I hereby certify that \_\_\_\_\_ has been examined by me on \_\_\_\_\_ (date) and is found to be in good physical and mental health and is able to undertake the training of the Emergency Medical Services Program.

Practitioner Name (PRINTED): \_\_\_\_\_

Signature: \_\_\_\_\_

Licensed as: **Physician** \_\_\_\_\_ **P.A.** \_\_\_\_\_ **APRN** \_\_\_\_\_

Telephone: \_\_\_\_\_

Please Place Health Care Provider Office Stamp or Attach Business Card Here (Required):

# Student Immunization Record

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Immunization	Immunization or Lab Test Date	Please Attach Documentation
MMR (measles, mumps, rubella)  <b>OR</b>  Measles (rubeola)  Mumps  Rubella	1. _____ 2. _____	A. ____ Record of immunization  <b>OR</b>  A. ____ Positive antibody titer  A. ____ Positive antibody titer  A. ____ Positive antibody titer
Varicella (chicken pox)	1. _____ 2. _____	A. ____ Record of immunization B. ____ Positive antibody titer
Hepatitis B	1. _____ 2. _____ 3. _____	A. ____ Completed series B. ____ In progress series C. ____ Positive antibody titer
Influenza (if possible)	1. _____	A. ____ Record of immunization
Tuberculin Skin Tests	1. _____ 2. _____	A. ____ Record of negative ppd B. ____ Negative Chest X-ray

Practitioner Name (PRINTED): \_\_\_\_\_

Signature: \_\_\_\_\_

Licensed as: **Physician** \_\_\_\_\_

**P.A.** \_\_\_\_\_

**APRN** \_\_\_\_\_

**Please Place Health Care Provider Office Stamp or Attach Business Card Here (Required):**