



---

**AMERICAN PROFESSIONAL  
EDUCATIONAL SERVICES**

# **American/Backus Paramedic Program Consortium**

2024-2025

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 Columbia Southern University granting up to 30 credits towards completion of a degree.

Program tuition is \$11,500.00 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. Laptops are loaned to the students at no charge, provided by the school. 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
- Pass Admissions Assessments
- 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 Tdap vaccine at or after the age of 18
- Proof of negative TB test within the last 12 months
- Proof of a up to date COVID-19 vaccinations as defined by the CDC
- Proof of a Flu vaccination (may be delayed till fall)
- 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a signed note of explanation in an envelope <b>sealed and marked</b> "Confidential".
Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Have you ever previously applied to this program? <input type="checkbox"/> Yes <input type="checkbox"/> 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  Yes (Complete the information below)  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?  Yes  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: _____	

