Paramedic Program 2024 Admission Data Sheet

Student Name: Student ID:				
Please complete the following 'Experience Profile:'				
	. Any qualifications or certifications referred to must be valid, current and/or up . Copies of all certifications, qualifications, transcripts and reference letters must weeks from the date of this letter or your application will not be considered.		rar's Office within three	
1.	Post-Secondary Experience	YES NO	Max Score	
	a) Some individual post-secondary courses b) College certificate or diploma c) University degree d) Senior Level Physics (passing grade required) List:		4	
2.	Emergency Care Courses List all certificates that you now hold (e.g. Standard First Aid, CPR, ski patrol, lift Certificate – Level II or higher, etc).	e-saving, BTLS, Athletic Trainers	Max Score 5	
3.	Licensed Ontario Ambulance Service or Licensed Ontario Ambulance Dis Contact (letter attached) a) Work on a voluntary basis with a service, or co-op b) Employed on a part-time basis with a service c) Employed on a full-time basis with a service		Max Score	
	Service Name & Supervisor: Dates:			
4.	First Aid Agency Contact e.g. working with Red Cross, St. John Ambulance, Private Patient Transfer Ser	YES NO vice, etc.	Max Score 1	
	Agency Name & Supervisor: Dates:			
5.	Hospital Clinical Experience (letter attached) a) Work on a voluntary basis with an active/chronic care hospital or nursely b) Nursing Orderly or Health Care Aid c) Registered Nurse, Nursing Assistant (Practical Nurse), Certified EMT Military Medic	YES NO	Max Score	
	Institution Name & Supervisor:			
	Dates:			
6.	Driver's License Possess a Class 'F' Driver's License or equivalent (Class 'B', 'C', 'E')	YES NO	Max Score 1	
	State Class (copies attached):			
7.	Instructor Certifications – Emergency Care e.g. First Aid, CPR, etc. (copies attached)	wurrent and/or up-to-date. ance letters must be returned with this form to the Registrar's Office within the considered. YES NO Max State of the Considered	Max Score 3	
	List:			

Total Points for Questionnaire:

20

udent ID:APPLICANT PROFILE				
1.	Are you fully aware of all qualifications and conditions of employment for a Paramedic in Ontario as outlined in the Ambulance Act and St. Clair College Calendar? Will you have a valid G Class Ontario Driver's License by the start of the second semester (January)? Note: A valid Class 'F' or equivalent License is required for employment as a Paramedic; also a criminal rec immunizations (smallpox, tetanus, diphtheria, polio and hepatitis B).	YES YES ord check and		
3.	How did you first become interested in the pre-hospital emergency care field?			
4.	Identify any additional experience you may have in relation to pre-hospital emergency care.			
5.	Course Name Completion Date Institution			
5.	Briefly comment on why you should be selected for this program.			
7.	During this program there are many times when you will be required to lift and carry patients and equipand carries will often involve a patient (up to 210 lbs) on a stretcher or other conveyance device. Some carries require you to also go up and down stair with the patient on the equipment. Most of the lifting a be completed with the assistance of a partner (classmate). Are you aware of any medical, physical or fitness limitations that might prevent you from completing mandatory lifting tests prior to the start of each of three field placements (tests in Dec. year one, Sept. year two, and Dec. year two)?	of these lift	s and	

Student Name: __

The information on this form is collected under the legal authorization of the Colleges and Universities Act R.S.O. 1980, c.272, s5: R.R.O. 1980, Reg. 640. The information is used for the administrative and statistical purposes of the College and/or Ministries and agencies of the Government of Ontario and the Government of Canada.