



School of Health, Human and Public Services

Paramedic Certification for Registered Nurses Application Packet

EMS 2288 Paramedic Theory for RNs conforms to the National Paramedic Education Standards. The program includes intensive classroom education, practical skills lab, and hospital and pre-hospital clinical practice on a paramedic unit. Upon successful completion, each candidate will be eligible to sit for the NREMT paramedic written and practical examination, and subsequently will be eligible for Ohio certification as a paramedic.

This unique program is designed specifically to prepare the experienced Registered Nurse to function in the pre-hospital setting, e.g., fire and EMS departments, critical care transport vehicles, aeromedical services, EMS coordination and education. Credits given based on past training and education, hospital and/or pre-hospital critical care work experience allows the Registered Nurse to complete the program in approximately 15 weeks.

Enrollment is limited to the Registered Nurse, Physician, and Physician's Assistant with extensive emergency and/or critical care experience, who is certified as an EMT-Basic in Ohio and currently maintains a BLS-CPR card, ACLS provider or instructor card, PALS provider or instructor card. PHTLS, BTLS, or TNCC is desirable. In addition, each applicant must have at least two years experience in a critical care setting (e.g. ED, CCU, ICU, MICU, SICU, Critical Care Transport, etc).

ENTRANCE REQUIREMENTS:

The following steps **must be completed** prior to entrance to EMS 2288:

1. Apply to the college at <http://www.clarkstate.edu/apply>.
2. Fax the following documentation to the EMS Program Coordinator at 937-328-6059.
 - a. Completed Application Packet (two pages)
 - b. Copy of current Ohio EMT-Basic certification card
 - c. Proof of licensure for RN, nurse practitioner, physician's assistant, or respiratory therapist
3. Email the Clinical Records Specialist at millery@clarkstate.edu for the current Health and Background Requirements and instructions.

Once all three steps have been completed, the EMS Program Coordinator will authorize the student's enrollment into the course.

CERTIFICATION EXAM AND EMPLOYMENT:

In order to practice as a Paramedic in Ohio, an individual must pass the State's Certification exam. In order to take the certification exam, the individual must have certification as an EMT Basic in Ohio, demonstrate recent successful completion of a Paramedic training program and submit an application to take the exam. All applicants will be asked if they have been convicted of specific crimes and if they have been deemed mentally incompetent by a court of law. If the applicant answers yes, an evaluation will be completed by the State Division of EMS to determine if the applicant will be issued a certificate to practice. All students shall be aware that a criminal record may jeopardize their ability to obtain certification and employment.

ADDITIONAL REQUIREMENTS

Students are required to have professional liability insurance. The cost of this insurance is added to registration fees.

LOCATION OF CLASSES

Classes will be held in the Brinkman Educational Center (BEC), third floor.
100 S. Limestone St. • Springfield, Ohio 45502

CONTACT INFORMATION:

For additional information, please contact EMS Program Coordinator at 937-328-6059.

PARAMEDIC CERTIFICATION FOR REGISTERED NURSES PROGRAM ENTRANCE REQUEST

Emergency Medical Services • EMS Office: 937-328-6059

DISCLAIMER: Completing this form does not guarantee entry into the program. Specific requirements must be met prior to being accepted. The student will be accepted upon submission and proof of course prerequisites and required documents. Refer to the entrance requirements sheet.

PART I: PERSONAL INFORMATION OF APPLICANT

This information is considered confidential.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County of Residence: _____ Driver's License Number: _____

Home Phone: _____ Business Phone: _____ Email: _____

Age: _____ Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

PART II: GENERAL BACKGROUND INFORMATION

This information is considered confidential.

Emergency Medical Service Association: _____ ☐ Full-time Paid ☐ Part-time ☐ Volunteer

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor (first and last name, title): _____

Primary Occupation: _____ Employer: _____

Highest level of formal education: _____

Ohio EMT Certification Number and Level of Training: _____ State EMT Level: _____

National Registry EMT: ☐ Yes ☐ No If yes, #: _____ NREMT Level: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Do you have a disability for which you need special accommodations? (Optional to answer) ☐ Yes* ☐ No

*If yes, students are strongly encouraged to meet with the Disability Services Specialist several weeks before enrolling in classes.

I certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification, or omission of material fact may be cause for rejection of my application or for termination after acceptance into the program.

Applicant's Signature: _____ Date of Application: _____

OFFICE USE ONLY. DO NOT WRITE IN THIS BOX.

☐ EMT Cert. Card Copy • Expiration Date: _____

☐ D.L. Copy • Expiration Date: _____

☐ Education and Training Waiver Request

☐ High School Transcript/Diploma/GED

PARAMEDIC CERTIFICATION FOR REGISTERED NURSES PROGRAM WAIVER REQUEST

Emergency Medical Services • EMS Office: 937-328-6059

CREDIT FOR PAST EXPERIENCE

This information is considered confidential.

First and Last Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Education Background:

Emergency Critical Care Background:

Licensures/Certifications (*include numbers; e.g. RN License, CEN, CCRN, EMT, etc.*):

Formal Degrees/Education (*include major course of study*):

Describe background and/or experience that you feel qualifies you to received credit for past experience for the Paramedic Program or RN/Paramedic Program:

Acceptance Signature: _____ Date: _____