

# **North Central State College / Central Ohio EMS Consortium Paramedic Course Application**

**Program Director: Angie Hoptry**  
**Medical Director: Joseph Bocka, MD**  
**State Accreditation # 365**  
**National Accreditation # 600777**

## **THE PROGRAM**

Central Ohio EMS Training is part of a consortium with North Central State College to form North Central State College / Central Ohio EMS Consortium. Central Ohio EMS Training, accreditation # 365, is accredited by the State of Ohio. The program's main facility is located at 20 Industrial Drive, Suite F, Lexington, Oh. 44904. 419-295-5907  
North Central State College is accredited by North Central Association of Colleges and Schools.

"North Central State College / Central Ohio EMS Consortium Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). However, it is NOT a guarantee of eventual accreditation. 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)"

The program will prepare the student to function as a Paramedic and a vital part of the pre-hospital healthcare team. The program will enable the student to understand the pathophysiology of the human systems in trauma and medical illnesses and how to manage them in the pre-hospital setting. The goal of this program is to provide the public with EMS personnel who are willing and able to serve in a time of emergency as well as bring enlightenment and education to the public concerning healthcare and the utilization of the Emergency Medical Services System by preparing competent, entry level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains by providing the opportunity and resources necessary for the paramedic student to develop the skills and knowledge required to function as a certified Paramedic in the State of Ohio. It is our expectation to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Students who successfully complete the program will be awarded a Certificate of Completion and will be able to participate in the National Registry testing. The National Registry is the testing mechanism for the State of Ohio and upon successful completion of the written and psychomotor examinations, the State of Ohio will issue a Paramedic certification.

**North Central State College / Central Ohio EMS Training Consortium**  
**Mailing Address: 20 Industrial Parkway Suite F, Lexington Ohio, 44904**  
**(419) 295-5907**  
**[www.centralohioemstraining.org](http://www.centralohioemstraining.org)**  
**State Accreditation # 365**

## North Central State College / Central Ohio EMS Consortium Paramedic Course Application

**The following must accompany this application:**

Copies of: EMS Provider Card, Ohio DL, Current CPR Card, Three references, Application Fee

Date		
Start date of course you are applying for	Class Type: Classroom            Web-Assisted Hybrid	NC State Student Yes                  No
Department or Sponsor (if applicable)	EMT Certification #	Social Security #
Name	Address	DOB
City	State	Zip
County	Email	Driver's License #
Phone	College Level A&P Course Completed?	Enrolled in COEMST A&P Course?
Highest level of education completed	Degree if applicable	
Certificates and licenses held	Certificates and licenses held	Certificates and licenses held
Current EMS affiliation:		
Reference:		
Reference		
Reference		

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**NOTE: Submit the following with this application;**

1. Copy of EMT or Advanced EMT card, Ohio driver's license, valid Healthcare Provider level CPR card.
2. If accepted into the program you will be required to submit a Non-Dot Drug screen, BCI check, Immunization report and NIMS IS -100 and IS 700.

I certify that the information in this application and all the information which I have supplied in support of my application is correct, and I understand that misrepresentation, falsification or omission of material facts may be cause for rejection of my application or termination after acceptance. I understand and agree that statements made in this application may be subject to verification as the school may contact individuals from references. I hereby release any such person from any and all liability whatsoever because of furnishing such information.

**\*\* A \$150.00 non-refundable fee is required upon submitting the application form. The application will not be considered until the fee is paid in full.**

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Who will be responsible for your tuition?      Self: \_\_\_\_\_      Department \_\_\_\_\_      NCSC \_\_\_\_\_

\*\*For CLASSROOM Course the tuition is \$6500.00

**A down payment of \$2500.00 is required upon acceptance into the program.**

For Web-Assisted/Hybrid Course the tuition is \$7500.00.

For Web-Assisted/Hybrid Course students, the full payment balance of \$7350.00 is required upon acceptance into the program unless sponsored by a department.

\*\*If you will be responsible for your own tuition, you will need to contact us for financing options. Available for classroom course only.



20 Industrial Dr Suite F  
Lexington, Ohio 44904  
Phone (419) 295-5907  
coemstraining@gmail.com  
www.centralohioemstraining.org

## AGENCY EDUCATION APPROVAL

This page is required if your schooling is being paid by a Fire Department or EMS Agency.  
Please print, scan, and email, or mail to Central Ohio EMS Training

Name of Applicant \_\_\_\_\_  
Course Enrolled In \_\_\_\_\_  
Name of Sponsoring Agency \_\_\_\_\_  
Address of Sponsoring Agency \_\_\_\_\_

I approve this applicant's enrollment and our department/agency has agreed to pay the following expenses:

- \_\_\_\_\_ All course expenses
- \_\_\_\_\_ Full Tuition
- \_\_\_\_\_ Partial tuition: \$ \_\_\_\_\_
- \_\_\_\_\_ Textbook package
- \_\_\_\_\_ Platinum EMS Testing
- \_\_\_\_\_ Uniform Shirts; 1 classroom - 1 clinical

Print Name of Authorizing Official \_\_\_\_\_  
Signature of Authorizing Official \_\_\_\_\_  
Title \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Date \_\_\_\_\_

Sponsoring agencies will be invoiced for the above approved expenses.

Note: Expenses may be invoiced separately or at intervals

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**Check Off Sheet**  
**Keep this sheet for reference**

**Please ensure you have all these items included with your application;**

	EMS Provider Card
	Ohio Driver's License
	Current CPR Card
	Application Fee – Money Order or Cashier's Check

**Please submit the following if you are accepted into the program;  
Must be submitted at LEAST a week in advance of the course start.**

	BCI Check
	Personal professional liability insurance- \$1,000,000 each claim, up to \$3,000,000 aggregate professional liability coverage (Most students use a company called HPSO)
	Non-Dot drug screen (10-Panel) (less than 6 months old)
	NIMS IS 100 and IS 700
	Measles -Mumps-Rubella proof of vaccine or titer
	Varicella Titer
	HbV OR HbV Titre if last HBV more than 1 year old
	TB (PPD) 2-step Required Annually; Must be current during school
	Influenza Vaccine - Required Annually; Must be current during school
	Tdap -Good for 10 years