

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"

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
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	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 for 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 _____

Course the tuition is \$6500.00

If paying independently a down payment of \$2500.00 is required upon acceptance into the program.

**If you will be responsible for your own tuition, you will need to contact us for payment plan options.



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 for 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.

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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 BLS 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
	Covid Vaccine or waiver