



Lake Region State College Community Paramedicine Application

Submit all documents required for admission to the **Lake Region State College Community Paramedicine Program**. You can submit by mail or email. To send by mail, place application materials listed below in *one large envelope*, be sure to put your return address in upper left corner and address envelope to:

Brittany Westphal
LRSC Nursing Department
1801 College Dr N
Devils Lake ND 58301

If sending by email, send to brittany.westphal@lrsc.edu

Must be received by August 15th of the current academic year.

Community Paramedicine Admission Application

Description

The LRSC Community Paramedicine program offers an opportunity for EMS providers to expand their role within the community. Under the supervision of a physician or advanced healthcare practitioner, Community Paramedics and EMS providers are able to fill a gap in healthcare services by delivering care to patients outside of the hospital setting.

The Community Paramedicine program consists of three progressive milestones, enabling EMS providers to strengthen their skills to deliver care in the community. During this two-semester program, students will participate in theory courses and lab courses, including clinical rotations for hands-on experience. The first eight-week course is available to EMTs, AEMTs, and Paramedics. Students successfully completing this eight-week course will earn the first milestone. The second eight-week course is available to AEMTs and Paramedics; successful completion earns the second milestone. The final semester is available to Paramedics. Upon completion of the program, Paramedics earn the third milestone and may test for the Community Paramedic Certification (CP-C). LCCR/NCCR hours will be available throughout the program.

The Community Paramedicine program allows qualifying paramedics to complete one additional lab course to earn their Practical Nursing certificate through LRSC. Practical nursing students can continue their education and become a Registered Nurse in two additional semesters.

REQUIREMENTS FOR ENTRY INTO THE LRSC COMMUNITY PARAMEDICINE PROGRAM

1. Students must be 18 years of age by December 31st of the year they start the program.
2. Students will complete an application to Lake Region State College. Upon notice of admission to the college, students will then complete an application to the Community Paramedicine program (see # 1 and #2 on the checklist below).
3. Paramedic applicants must be a graduate from a state board approved paramedic program, have at least two years of experience, and hold an active, unencumbered license to practice as a paramedic in the United States.

EMT and AEMT applicants must have at least two years of experience, and hold an active, unencumbered license to practice at their designated levels as an EMS provider in the United States. EMTs are eligible to apply for the first eight-week session. AEMTs are eligible to apply for the first and second eight-week sessions. Paramedics will complete all courses during the first and second semesters.

4. Students must be CPR certified for Basic Life Support. Instructor led or Heart Code BLS (American Heart Association) or CPR/Healthcare Provider (Red Cross) is acceptable. Certification must be maintained throughout program.
5. ****See last page for immunization listings**

CHECKLIST: COMMUNITY PARAMEDICINE PROGRAM APPLICATION PROCESS

1. Application to Lake Region State College:

Complete an Application for Admission to **LRSC** as a degree-seeking student.

- a. The application fee (this only applies if you are a new student at Lake Region State College).
- b. Official high school transcript or GED test results
- c. Official **updated** college transcripts, including current semester, from **all** colleges attended. Transcripts can either be mailed from the college attended, hand delivered in a sealed envelope or if given an electronic option send to [lrsc.enrollment@lrsc.edu](mailto:lpsc.enrollment@lrsc.edu). **Faxed copies are not accepted.**
- d. Immunization record. A copy will also be uploaded into CastleBranch upon acceptance to the program.
- e. Record of ACT, SAT, or Accuplacer scores (completed within the last 7 years).

2. Application to the Community Paramedicine Program:

Submit all documents required for admission by placing application materials listed below in **one large envelope**. Print your full name clearly on the outside of the envelope. The envelope may be mailed or hand-delivered **before August 15th of the current academic year** to the address listed on the cover sheet of this document. If submitting your application via email, see email address on the cover sheet of this document.

- a. ___ Community Paramedicine application form
- b. ___ Copy of current CPR certification for Basic Life Support Providers
- c. ___ A narrative statement
 - Summarize your educational/work experiences and how those experiences will help you progress through the Community Paramedicine program.
 - Describe why you want to pursue the Community Paramedicine program.
 - Limit narrative to 1 typed page.
- d. ___ Two professional references. Use the **Reference Form for Admission** to request reference statements from employers, instructors, and/or professional colleagues who are not related to you.
 - Complete section 1 on each form by printing your name **and** signing the waiver before distributing the forms to your selected references.
 - Instruct the reference providers to seal the statement in an envelope and reference providers sign across the seal before returning the reference to you (the student) **OR** the reference provider can email brittany.westphal@lrsc.edu.
 - Collect the sealed letters of reference and include them in your application packet.
- e. ___ Complete criminal background **Disclosure Form**. NOTE: Background check is completed by CastleBranch.

All applicants will be notified of status on or before the start of the fall semester. Incomplete applications are not able to be processed and will be refused.

Community Paramedicine Curriculum

Fall Semester (First 8-weeks: EMTs, AEMTs, & Paramedics)

EMS 102	Introduction to Community Paramedicine*	3 credits
EMS 103	Clinical Applications in Community Paramedicine I	1 credit

Fall Semester (Second 8-weeks: AEMTs & Paramedics)

EMS 104	Health Care Delivery in Community Paramedicine*	3 credits
EMS 105	Clinical Applications in Community Paramedicine II	2 credits

Spring Semester (Paramedics)

NURS 201	Nursing Concepts Transition I for the Paramedic*	3 credits
NURS 202	Nursing Concepts Transition II for the Paramedic*	3 credits
EMS 206	Clinical Applications in Community Paramedicine III	1 credit

*Please schedule 9 hours of personal time per week to complete required reading and assignments for online courses.

Criminal Background Checks

Upon admission to the Community Paramedicine Program, the student will be required to complete and pay for a background check through the agency designated by LRSC. **The student is responsible for any costs associated with the background check; this is completed through CastleBranch.**

The student will not initiate the background check until directed to do so upon receipt of the letter notifying the applicant of acceptance into the program. The acceptance letter will specify the background check process to be followed.

If a background check is received with any offenses (felonies, misdemeanors, or infractions), the student must address in writing their account of the offense and what specific rehabilitation measures occurred.

If the offense is less than 5 years old or of a grave nature, the student must make an appointment to appear before the admissions committee to personally address each offense.

The information will be used by the admissions committee to determine the suitability of the candidate for admission to the Community Paramedicine program.

If the background check is returned with offenses that are greater than 5 years or of less than grave nature, the committee will notify you of what your next action will be.

Mandatory Drug Testing and Screenings

Lake Region State College maintains a no tolerance policy regarding substance abuse. Students must undergo drug screens if requested by Lake Region State College, a clinical agency, or if suspected to be under the influence of alcohol, narcotic prescription drugs or illegal drugs while on a clinical rotation. Failure of the student to either take the drug test or show a clear drug screen will result in termination from the Community Paramedicine program and all Community Paramedicine courses. **Drug testing/Background check will be done by Castle Branch. The student is responsible for any costs associated with drug test or screening. **You will be given instructions on how to create an account with Castle Branch and where to pick up the Chain of Custody form to complete the drug testing which will include designated testing location.**

Please complete disclosure form enclosed in this application packet.

Application Form for Admission to the Community Paramedicine Program

All lines must be completed for the application to be accepted

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

Personal Email: _____ College Email: _____

Permanent Mailing Address: _____

Local Mailing Address: _____

(If different from
address above)

Telephone: Home: _____ Cell: _____ Work: _____

Social Security Number: _____ Student ID: _____

Birth Date: _____ Age: _____ Male Female

Place of Birth: _____

Country

City/Municipality

State/Province

County

Is English your second language? Yes No

Ethnicity: White/Caucasian Black/African American Hispanic/Latino

American Indian/Alaskan Native Asian Native Hawaiian or other Pacific Islander

Other (Please Specify): _____

REFERENCE FORM FOR ADMISSION

SECTION 1

To be completed by Community Paramedicine program applicant:

Name of the Applicant (Please print):

_____ applicable _____ Last _____ First _____ Middle _____ Former, if

I waive the right to access this evaluation:

SECTION 2

To be completed by the applicant's reference (non-relatives such as employers, instructors, and/or professional colleagues):

NOTE: The person whose name appears above has applied for admission to the Community Paramedicine Program. **The information you provide will be confidential.**

How long have you known the candidate and in what capacity?

Please Check:

	Outstanding	Very Good	Average	Below Average	Do not know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Ability to work with others					
Communication Skills					
Empathy/Caring					
Judgment					
Ability to make Decisions					
Dependability					
Overall Rating					

Other Comments: (Please use the back of this form if you need more space)

Please print:

Name of Reference (Please print): _____ Facility _____ Title:

Signature of Reference: _____

Address:

The letters of reference must be:

- Sealed in an envelope with the signature of the reference written across the seal
- Returned to the applicant to be placed in the application packet for LRSC
- Reference provider may email reference to brittanv.westphal@lrsc.edu

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Disclosure Form

The Community Paramedicine Program requires that all applicants provide information concerning any past felony or misdemeanor records.

Past convictions of a felony or misdemeanor would not necessarily prevent an applicant from being accepted into the program. However, failure to provide information concerning such conviction would warrant dismissal if the information were later revealed, thus indicating that the applicant had falsified this form.

Note: Lake Region State College requires FBI background checks with fingerprints before you are fully admitted to the program. It has been our experience that occasionally, applicants with a criminal history have been told by their attorney that their records have been expunged. We have been able to see that history on the FBI background check and students have been denied acceptance depending on the offense and the fact that they did not disclose it. Please be sure to disclose all information requested below.

Please complete, sign, and submit this form as part of your application to the Community Paramedicine Program.

1. Have you ever been arrested (outcome was either dismissal, deferral, or conviction) of a felony, a misdemeanor, traffic violation or appeared in court for anything?

Yes _____ No _____

2. Have you ever been subject to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure to The National Registry of Emergency Medicine or the Department of Health DEMST Licensing Agency in any state?

Yes _____ No _____

3. Have you ever been on the Office of Inspector General (OIG) list of excluded individuals (abuse list)?

Yes _____ No _____

4. Have you ever been on the Certified Nurse Aide abuse list?

Yes _____ No _____

If you answered yes to any of the above questions, please explain the issue(s) and/or disciplinary action(s). Please use a separate sheet of paper and attach it to this form.

My signature below certifies that to the best of my knowledge the information above is true and complete. I understand that if the background check is found to be other than stated above, it is sufficient cause for rejection of my application or dismissal from the program. I give permission to release this information and information received on my background check to affiliated healthcare agencies.

Print Name: _____

Signature: _____ Date: _____

Mandatory Drug Testing and Screenings

My signature below signifies that I agree to undergo the mandatory and/or random drug testing and screenings requested by the Community Paramedicine Program of Lake Region State College or healthcare agencies affiliated with the program and adhere to the listed policy.

Print Name: _____

Signature: _____ Date: _____

LRSC Community Paramedicine Students- Estimated cost breakdown 2023-2024

Uniforms	LRSC Polo Shirt: Ladies/Men's - \$29.99 - \$36.99 (Black pants and shoes as used in current position)	\$36.99
Equipment	Stethoscope - \$56.99 or more based on quality Sphygmomanometer - \$34.99 or more based on quality Watch with second hand - \$25.00; Bandage scissors - \$3.00; Penlight - \$5.00	\$124.98
Textbook	Fall semester - \$72.00 (estimated) Check LRSC online bookstore for cost and ISBN numbers	\$72.00
Textbooks, UCentral, and electronic resources	Spring semester = \$578.00 Cost may vary according to path (CP-C or PN) if general education courses are required Check LRSC online bookstore for cost and ISBN numbers	\$578.00
ATI (Spring semester only)	Online access to Assessment Technologies Institute (ATI) for books, assignment modules, and practice/proctored exams	\$464.00
Background Check and Drug Screen	Must be completed after acceptance into program but prior to course start	\$154.00
Tuition and Fees	First 8-week session: EMT/AEMT/Paramedic	
	3 credits of online class	\$234.18/credit hour \$702.54
	1 credit of lab/clinical	\$216.82/credit hour \$216.82
	Total tuition for first 8-week session \$919.36	
	Second 8-week session: AEMT/Paramedic	
	3 credits of online class	\$234.18/credit hour \$702.54
	2 credits of lab/clinical	\$216.82/credit hour \$433.64
	Total tuition for second 8-week session \$1,136.18	
	Spring semester session: Paramedic	
	6 credits of online class	\$234.18/credit hour \$1,405.08
1 credit of lab/clinical	\$216.82/credit hour \$216.82	
Total tuition for Spring semester \$1,621.90		
(estimated)		\$3,677.44
Individual Expenses (meals, travel, childcare, replacement Student ID badge, etc.)	Per individual student	Varies
Laptop Computer and Printer	Use of a computer and high-speed internet is required to participate in class	\$2,000.00
Handheld Electronic Device	Use of a handheld electronic device/smartphone is required during clinicals to access electronic resources as indicated	\$300.00
Total	Estimated \$5,614.00 - \$7,400.00 The financial aid office and Community Paramedicine advisor will assist students to determine individualized estimations	

Cost Sheets are continuously under revision. Please note that **this is an estimate**. To the best of our knowledge this form is complete. There may be unforeseen expenses that come up during the year. You will be responsible for all program expenses even if they have been inadvertently left off this form.

These costs are non-refundable if you are dismissed or voluntarily leave the Community Paramedicine program.

Table on Clinical Requirements (Immunizations and CPR)

All students and clinical faculty must show evidence of the following:

Requirement	Comments
<ul style="list-style-type: none"> • Measles (Rubeola), Mumps, & Rubella 	One of the following is required: 2 vaccinations OR Positive antibody titer (lab report required)
<ul style="list-style-type: none"> • Tetanus, Diphtheria & Pertussis (TDap) 	Submit documentation of a Tetanus, Diphtheria & Pertussis (TDaP) vaccination, administered at any time, ALONG WITH a Tetanus vaccination administered within the past 10 years. *Clinical agency may require TDaP every 10 years.
<ul style="list-style-type: none"> • Varicella (Chicken Pox) 	One of the following is required: 2 vaccinations OR Positive antibody titer (lab report required)
<ul style="list-style-type: none"> • Hepatitis B 	One of the following is required: 3 vaccinations OR Positive antibody titer (lab report required)
<ul style="list-style-type: none"> • Influenza (Flu) 	Submit documentation of a flu vaccine administered between September 01 – November 01 of the current flu season. *Exceptions to the seasonal influenza may be made for students and instructors who have medical contraindications, such as egg allergy, history of Guillain-Barre within six weeks of influenza vaccination, and anaphylaxis after influenza vaccination
<ul style="list-style-type: none"> • Tuberculosis (TB) 	One of the following completed within the past 12 months is required: 2 step TB skin test (administered 1-3 weeks apart) OR 2 consecutive annual tests Administered 10-12 months apart, with the most recent administered within the past 12 months OR QuantiFERON Gold blood test (lab report required) OR T-Spot blood test (lab report required) OR If positive results, submit: a clear chest x-ray (lab report required) from within the last 5 years AND documentation from provider stating student is TB symptom free.
<ul style="list-style-type: none"> • COVID-19 	Submit proof of vaccination as required by clinical agency or submit exemption to be approved by the clinical agency.
<ul style="list-style-type: none"> • BLS Certification 	One of the following is required: American Heart Association BLS Provider course OR American Red Cross CPR for the Professional Rescuer (PR)/Health Care Provider