



INCLUDES:

- ✓ Program Information
- ✓ Student Application
- ✓ Student Eligibility Requirements

**Submit application in person to
CCC Student Services at
3000 N. 4th Street Flagstaff, AZ
or via email at:
CCC2EMS@coconino.edu**

Contact: Dave Manning

Emergency Medical Services Coordinator

928-526-7680 david.manning@coconino.edu

Paramedicine AAS degree information: <https://www.coconino.edu/paramedic-studies-aas>

Include Copies of the Following:

- ☐ High School Diploma/GED or equivalent
- ☐ College Transcripts
- ☐ Current BLS HCP Card
- ☐ NREMT Certification
- ☐ Arizona EMT Certification
- ☐ Driver's License
- ☐ Current TB Test
- ☐ Vaccination Record (Covid, MMR (x2),
Varicella (x2), Tdap (within 10 yrs),
Flu vaccination (must be kept current))

AFTER YOU SUBMIT YOUR APPLICATION

Once you submit your application to the paramedic program, it will be placed on file. You will be contacted by Coconino Community College EMS Education personnel to verify a date and time for your written and skills exams. Your interview with the advisory committee will be scheduled at this time as well.

2025 testing schedule written exam: 6/4 and 6/6 at 0830 @ 3000 N 4th Street, Flagstaff AZ 86004 in room C-4

Interviews: ½ hour interviews will be scheduled for 6/16 and 6/18 and will be held in room C-11

PROGRAM INFORMATION

Tuition and Fees

45 credits (3 semesters)

\$9,585 In-District

\$10,575 Out-of-District

\$24,075 Out of State/WUE

Cost includes:

- Textbooks
- Class Shirt (polo)
- My Brady Lab/SIM Fees
- Clinical Scheduling Fees

Other fees

- Nonrefundable application fee to be paid upon submission - \$30
- Background Check
- Fingerprint Card
- Drug Screen (9 panel)

Uniforms consist of:

- + **Black or blue slacks (no jeans) – Proper brand is \$42.95; 511 brand is \$59.99**
- + **Class uniform polo shirt (Provided)**
- + **Black belt**
- + **CLEAN closed toe shoes suitable for field EMS operations and CLEAN athletic type shoes for in hospital clinical rotations**
- + **Stethoscope and trauma shears**

**Some clinical sites may require scrubs. These will be provided by the clinical site.
The Course Director must approve any uniform change.

In order to achieve the paramedic technical standards, a student must be able to perform the following job analysis tasks:

- *Assist in lifting and carrying injured and/or ill persons to and from the ambulance.*
- *Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards.*
- *Walk, stand, lift, carry, and balance in excess of 150 pounds without assistance, (250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.*
- *Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.*
- *Climb stairs, hillsides, and ladders to gain access to a patient.*
- *Communicate verbally in person, via telephone and radio equipment.*
- *Work in chaotic environments with loud noises and flashing lights.*
- *Perform patient assessments, implement treatment, and calculate weight and volume ratios under stressful time constraints.*
- *Work effectively in low light, confined spaces, extreme environmental conditions and other dangerous environments while remaining calm.*
- *Locate the scene of an emergency by reading maps and responding safely and quickly to the location as directed by the dispatcher while observing traffic ordinances.*
- *Perform fine motor movements while in stressful situations and under threatening time constraints.*
- *Perform major motor movements as required to place a patient on a stretcher.*

How to prepare for the entrance exams and interview:

- Study all aspects of the Basic EMT curriculum with the focus you would put forth to pass the NREMT exam. Special emphasis on anatomy and physiology as well as questions on math and English.
- Prepare for a practical skills demonstration of BLS assessment and management as well as management of airway, CPR, etc.
- Be prepared to articulate why you want to pursue the goal of becoming a paramedic and that you understand the commitment required to successfully complete the program.

PARAMEDIC PROGRAM

Student Application

First name: _____ M.I.: _____ D.O.B.: _____

Last name: _____ Shirt Size: _____

Mailing Address: _____
Street City State Country Zip

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Social Security Number: _____ Email address: _____

Emergency Contact _____
Name Relationship Phone

Check Highest Level of Education: ☐ HS/GED College ☐ 1 ☐ 2 ☐ 3 ☐ 4

High School: _____ Address: _____

Grade Completed: _____ Graduation Date: _____

College/Other _____ Address: _____

Grade Completed: _____ Graduation Date: _____

EMT education _____ Address: _____

I have taken the following health/medical classes: _____

Employer: _____ Phone: _____

Please describe any previous health/medical work experience and any medical certifications currently held:

Please indicate by signing below, that you have read and understand the following statement: I have not been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated: 1st or 2nd degree murder; Attempted 1st or 2nd degree murder; Sexual assault; Attempted sexual assault; Sexual abuse of a minor; Attempted sexual abuse of a minor; Sexual exploitation of a minor; Attempted sexual exploitation of a minor; Commercial sexual exploitation of a minor; Attempted commercial sexual exploitation of a minor; Molestation of a child; Attempted molestation of a child; or A dangerous crime against children as defined in A.R.S. § 13-705; **Reference A.R.S. § R9-H5**

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

If yes, is checked, please explain:

I have read and understand the information provided and statement above:

Signature: _____ Date: _____

STUDENT ELIGIBILITY

To be eligible to apply for the CCC paramedic program candidates must meet the following criteria:

- Be currently certified as an EMT in the state of Arizona, or NREMT certified and able to obtain Arizona EMT certification upon being accepted into the program.
- Must be at least 18 years of age
- Have a current American Heart Association Basic Life Support for Healthcare Providers (CPR) card. (CPR certification must be maintained current throughout the paramedic training)
- Have a valid state driver's license
- Have a high school diploma or GED
- Submit a complete program application and all supporting documents
- Show a positive appearance, motivation and attitude (in the clinical and field internship segments, the student will be working closely with patients, nurses, physicians and paramedics and must maintain a high degree of professionalism)
- Score a minimum of 65% or higher on the written Entrance Exam and Practical assessment
- Successfully complete an interview with the advisory board on the date and time provided
- Show verification of TB skin test and negative reading dated within 6 months of the start of the program
- Provide proof of vaccination in accordance with current Northern Arizona Healthcare requirements
- Be able to read at a college level
- Be able to adapt to stressful situations
- See also CCC Admission Requirements Procedure 501-01 <https://www.coconino.edu/policies-and-procedures#500-599>

References

Please provide the following information for three professional references from people who have known you at least one year and have knowledge of your work record and responsibility. Do not list relatives.

Name	Address	Phone	Occupation
Name	Address	Phone	Occupation
Name	Address	Phone	Occupation

WAIVER

Personal references are given with assurance of confidentiality. For this reason, we are requesting the following waiver agreement be signed. This is necessary to comply with Federal Law PL93-380, regarding statements of recommendation submitted by references on your behalf:

I, _____, hereby waive my right to see the personal/professional letters of recommendation from the individuals I have listed as references on my application for admission into the Coconino Community College Paramedic Program and give my sole permission for the selection committee to have full access to this confidential information during the admission process.

Signature (Do Not Print) _____ Date _____



EMPLOYMENT

Please list most recent first

**Current Employer:****Position Held:****Address:****Dates of Employment:****Phone:****Past Employer:****Position Held:****Address:****Dates of Employment:****Phone:****Reason for Leaving:****Past Employer:****Position Held:****Address:****Dates of Employment:****Phone:****Reason for Leaving:****May we contact any or all of your past/current employers for references?**☐ **Yes** ☐ **No****PERSONAL DATA**

- Why do you want to be a Paramedic?
- How did you hear about the Coconino Community College Paramedic Program?
- What are your plans after graduation from the Paramedic Program?
- List any awards, honors, citations or positions held in school or community organizations, athletic endeavors, continuing education and any other special recognitions you have received during the past five (5) years:

NON-DISCRIMINATION POLICY

Coconino Community College is an equal opportunity/affirmative action/educational/employment institution, and is nondiscriminatory relative to race, religion, color, national origin, sex, age, and qualified disabled. Coconino Community College is committed to providing educational opportunities to all qualified students regardless of their economic or social status and will not discriminate on the basis of handicaps, race, color, sex, creed, or national origin.



The Coconino Community College Paramedic Education Program is currently working under a Letter of Review from the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs
25400 US Highway 19 N, Suite 158
Clearwater FL 33763

To Contact CoAEMSP
8301 Lakeview Parkway Suite 111-312
Rowlett TX, 75088

For office use only

Vaccination Records

- ☐ Student Application
- ☐ Student's Work Reference (3)
- ☐ High School Diploma/GED or equivalent
- ☐ Driver's License
- ☐ College or Military Transcripts (optional)

- ☐ BLS CPR Certificate
- ☐ Arizona EMT Certification (Required)
- ☐ NREMT Certification (optional)

- ☐ MMR (x2)
- ☐ Varicella (x2)
- ☐ Covid-19 (fully vaccinated)
- ☐ Flu Shot (current season)
- ☐ Tdap within past 10 years
- ☐ TB skin test within past 6 months (must be updated during clinical session)

Date Completed: _____

CC Program Approval: _____

Acceptance Letter Sent: _____