

DARTON COLLEGE

Allied Health Division



EMERGENCY MEDICAL TECHNICIAN PROGRAM

APPLICATION PACKET (EMT-I)



Allied Health Division
2400 Gillionville Road
Albany, Georgia 31707
Phone: (229) 317-6900
Fax: (229) 317-6682

**EMERGENCY MEDICAL TECHNICIAN-I/85
ENTRANCE REQUIREMENTS**

Dear Prospective Student:

Thank you for your interest in the Emergency Medical Technician I-85 Program at Darton College. In order to be a considered for admission to the EMS Program, you must first complete the general admission procedure for Darton College **as soon as possible**. Additionally, you will need to complete a program application. See below.

I. YOU MUST APPLY TO DARTON COLLEGE FIRST. The procedure is listed below.

- A. Submit the Darton College Application with \$20.00 non-refundable application fee to the Admissions Office. An online version of the application is available at www.darton.edu. Simply click on the "Admissions" tab on the left hand side of the page, then click on "online application". The online application WILL NOT be complete until the \$20.00 non-refundable application fee is paid.

**** list 0589 as the code for "proposed college major"**

If you are a returning Darton student, then you simply contact Darton College Admissions (229-317-6740) and have them reactivate your file.

- B. Request that your high school send your official transcript to Darton College or submit GED Equivalency Certificate to Admissions Office.
- C. Request that official transcripts from any college *or technical school* that you have attended be sent to Darton College. If you have completed 30 or more semester hours of college transfer credit (not including Learning Support courses), it is not necessary to submit a high school transcript.
- D. Contact Jean Satterfield at 317-6735 to make arrangements to take the University System of Georgia Compass placement test. Students may take the Compass Test ONE TIME ONLY!! Please visit our Web site at <http://www.Darton.edu> and click testing center for additional information. Other scores may be accepted. Call the testing office if you have taken the ACT or similar exam to see if your scores will be accepted. Off-campus testing may also be available. Remember, this is not a pass-fail test.

If you have been out of school for awhile or would simply like to refresh your reading, writing, or math skills, our website has several practice sites for you. Just click on the "Future Students" tab at the upper left of the webpage to get a pull-down menu. Select "Testing". Scroll down and click on "Placement tests (COMPASS)". Click on "Suggestion Practice Sites" and/or "Sample questions".

- E. Though not required, students who take the Scholastic Aptitude Test (SAT) and score 430 or higher on the verbal portion and 400 or higher on the math portion (or 17 or higher on the verbal portion of the American College Test (ACT) and 17 or higher on the math portion) may be admitted without taking the Compass Exam.

- F. Complete the Darton College Immunization form. Take it, **ALONG WITH THE ALLIED HEALTH IMMUNIZATION FORM**, to your local health department or personal physician for completion. You will need to turn in the Darton College Immunization form with your College application, and your Allied Health Immunization form with your EMS Program application.

In addition to meeting the requirements for general college admission, EMT prospective students must submit the following information to the Emergency Medical Service Admissions Committee:

II. EMERGENCY MEDICAL SERVICES PROGRAM APPLICATION

- A. Complete the enclosed/attached EMS Program application.
- B. Include with the application the following documents:
1. Photocopy of current driver's license.
 2. Photocopy of your high school diploma or GED equivalency certificate.
 3. Letter of recommendation from your Fire Chief, First Responder Instructor, or a working EMT or paramedic.
 4. Short essay explaining why you want to be an Emergency Medical Technician and why you deserve a spot in our program.
 5. Darton College Allied Health Immunization form.

NOTE: Please send in your EMS Program application as soon as you complete it. You may turn in the other information as you get it to complete your file.

III. FINANCIAL AID APPLICATION

The certificate program is fully covered by the HOPE Grant as long as your declared major is the Emergency Medical Technician Certificate Program (0589) and you have not defaulted on any student loans. After acceptance to Darton, you should begin your paperwork for financial aid (317-6746) **as soon as possible.** Please see the online financial aid information at www.darton.edu. Click on the "Financial Aid" tab on the left hand side of the page and then click on "How to Apply". You will need to apply for the FAFSA to receive the HOPE Grant.

A Darton College application for admission and an EMS brochure are enclosed. If you have further questions about the EMT-I Program, please do not hesitate to contact me or one of our staff members. Contact information is below.

Sincerely,

Trish Hotz

Trish Hotz, RN, NREMT-P, MN, MMSc
Director Paramedic Program

Patricia.hotz@darton.edu

229-317-6845

Traci.akins@darton.edu

229-317-6514

Tracie.hobbs@darton.edu

229-886-1983

**DARTON COLLEGE
EMERGENCY MEDICAL TECHNICIAN INTERMEDIATE/85 PROGRAM
APPLICATION CHECKLIST**

The following completed tasks and information are required for admission to the Darton College EMTI program. The information must be completed by August 1 to enroll in the next class which begins in mid August.

1. Darton College application (if you are not currently a Darton student. Former students must reactivate their academic files).
2. Complete EMT-I/85 Program Application.

NOTE: Please send in your EMS Program application as soon as you complete it. You may turn in the other information as you get it to complete your file.

3. Certificate of Immunization Forms: one that is turned in with your application to Darton College, and one that is turned in with your EMS application.
4. Copy of Driver's license.
5. Copy of your high school diploma or GED equivalency certificate.
6. Letter of recommendation.
7. Completed essay, "Why I would like to become an Emergency Medical Technician".
8. Attendance of EMS Program Information Session.
9. A copy of all college transcripts forwarded to the Allied Health Division. **OFFICIAL TRANSCRIPTS MUST BE SENT FROM PREVIOUS COLLEGES/TECHNICAL SCHOOLS DIRECTLY TO THE REGISTRAR'S OFFICE.**

Please mail completed EMS application materials to:

**Emergency Medical Services Program
Darton College
2400 Gillionville Rd.
Albany, GA 31707**

ALL APPLICATION PACKETS WILL BECOME THE PROPERTY OF DARTON COLLEGE.



EMS Program
 2400 Gillionville Road
 Albany, Georgia 31707
 Phone: (229) 317-6840/5
 Fax: (229) 317-6682

Application: Emergency Medical Technician – Intermediate Program

Read the information and directions contained in the packet carefully. The answers to the questions should be printed using black ink. Please print neatly and accurately. Photocopying of the application is acceptable.

Name: () Ms. () Mr.	Social Security #:
	DOB:
Address:	Phone # (Home) (Cell)
	E-mail

List colleges and/technical school previously attended:

EMT-B's: List past work experience in EMS. Include ambulance service, director, and approximate number of months or years as a full-time employee.

Location and number of hours of observational EMS experience.

I hereby apply for admission to the EMS Program for the Fall Semester beginning in August of _____.

Please use a separate sheet of paper and write a short essay explaining why you would like to become a paramedic and why you feel you deserve a seat in the class.

I have read the above information and understand the application and selection processes. I further understand that any failure on my part to comply with these regulations will result in the cancellation of my application.

Signature

Date

**Darton College
Allied Health Program
Student Immunization/Medical Screening Record**

Last name	First	Middle
Address		

Directions: This portion of the Medical Screening is to be completed by a physician or health department official.

<u>Required Test or Immunization</u>	<u>Date</u>	<u>Results/Booster</u>
PPD Tuberculin skin test (Tine test is not acceptable).	_____	_____
MMR(Measles, Mumps, Rubella) If born before 1957, NA. 2 doses of MMR vaccine or Rubella antibody titer.	_____	_____
DPT/DT Booster within past 10 years	_____	_____
Hepatitis B Vaccine	1 st Injection	_____
	2 nd Injection	_____
	3 rd Injection	_____
Varicella Chickenpox Vaccine	_____	_____

Physician or Health Department Official	Date
---	------

To be completed by the student:

HEALTH INSURANCE INFORMATION

Company Name _____

Policy number _____