Radford University

EMERGENCY SERVICES PROGRAM

www.wvems.org

Western Virginia Emergency Medical Services Council, Inc.

Paramedic Course Application

June 18, 2025 - May 8, 2026

1944 Peters Creek Rd, NW
Roanoke, VA 24017
(540) 562-3482

APPLICATION INSTRUCTIONS

IMPORTANT – READ CAREFULLY

APPLICANTS ARE NOT CONSIDERED FOR THE PROGRAM UNTIL ALL OF THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED TO THE WESTERN VIRGINIA EMS COUNCIL.

The following items are required to qualify for the Paramedic Entrance Examination for the program:

- Provide the following documentation:
  - *Driver's license/other Government issued photo ID.*
  - *High School Diploma OR General Equivalency Diploma (GED) OR evidence of post-secondary education (Copy of Diploma, Unofficial Transcripts are acceptable).*
  - *Current BLS CPR card. (If the applicant holds CPR Certification from another organization, that can be submitted now but applicant will be required to obtain AHA BLS Certification.)*
  - *VAOEMS EMT and or AEMT Certification Card.*
  - *Copies of ICS 100, 200, 700, 800 Course Completions and IS-5a or equivalent.*

- Review the RU-WVEMS Paramedic Admission Policies and Enrollment Requirements and sign the Acknowledgment Page.

- Completed Course Application.

- Complete Recommendation for ALS Education Program. TO BE COMPLETED AND SIGNED BY YOUR AGENCY DIRECTOR AND/OR DESIGNEE AS WELL AS YOUR AGENCY OPERATIONAL MEDICAL DIRECTOR. The RU-WVEMS Paramedic program requires that each enrollee receive the endorsement of their agency and OMD to be considered for enrollment into this program. This form is to be signed and sealed in a separate envelope by your Agency Director or designee and returned along with your completed application.

- Return the completed Paramedic Program Application directly to Chris Christensen at the address on the cover.

- Tuition must be paid prior to the beginning of the course. EMS Agencies or other organizations can be invoiced for the tuition. Students who are delinquent in payment of the course fees will be dismissed from the program.

PARAMEDIC ENTRANCE EXAM REQUIREMENTS: Once your application has been reviewed and accepted, you will be notified and required to schedule and complete the Paramedic Entrance Exam.

All Scheduled Entrance Exams will be held at Western Virginia EMS Council in Roanoke, VA.
9:00 to 11 a.m. or 1:00 to 3:00 p.m.

You will be provided with one (1) opportunity to complete and pass this exam. Students must score equal to or higher than the pre-determined cut score to be considered. Failure to pass this exam will result in your application being withdrawn from consideration for this program. The deadline to turn in this application and complete the Paramedic Entrance Exam will be close of business on **Friday, May 16, 2025**.

NOTICE OF ACCEPTANCE INTO PROGRAM: Applicants to the program will be emailed and advised of their status in the upcoming program.

The tuition cost for this program is $8,950.00, which covers:

- Instruction
- Textbook
- National Registry Written Exam (initial only)
- Clinical Uniforms (Polos)
- Drug & Criminal History Screening
- Class Technology Fees

EMS agencies or other organizations may be invoiced for the tuition. Students who are delinquent in payment of the program fees will be subject to dismissal from the program.

LOCATION OF COURSE:

Radford University at Carilion
101 Elm Ave, SE
Roanoke, Virginia 24013

COURSE SCHEDULE:

Fridays and occasional Thursdays from 8am-5pm.

ADDITIONAL INFORMATION OR QUESTIONS:

Contact Chris Christensen
via email: cchristensen@vaems.org or office (540) 562-3482 Ext. 112

Admission Policies and Enrollment Requirements

The RU-WVEMS Training Program is an equal opportunity program. Students shall not be discriminated against with regard to disability, age, race, color, sex, marital status, sexual orientation, pregnancy, religion, or national origin. All applicants must meet the minimum requirements and provide documentation prior to entry into an Advanced Life Support program**.**

An enrolled student in an ALS certification program shall comply with the following:

1. The applicant must meet the minimum requirements specified in the Virginia Emergency Medical Services Regulations section **12VAC5-31-1521. ALS Course Student Requirements** *(see below)*:

   - ✓ *Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms and interpret protocols.*
   - ✓ *Be a minimum of 18 years of age at the beginning date of the certification program.*
   - ✓ *Certification as an EMT.*
   - ✓ *Possess a High School or General Equivalency Diploma.*
   - ✓ *Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification, including the ability to function and communicate independently and to perform appropriate patient care, physical assessments, and treatments.*

2. No more than 15% of required course hours absence is allowed in this program for any reason (for the overall program). Students missing more than the maximum hours allowed will be dropped from the course.

3. The applicant shall complete an EMT level knowledge-based entrance examination and must achieve a score equal to or higher than the pre-determined cut score to be considered. The applicant will have one (1) opportunity to successfully complete this exam. Candidates will be ranked by date of application submission and based on exam performance.

4. The applicant shall consent to criminal history check and drug screening in a manner specified by the Radford University Emergency Services Program by the deadline established for the program which is a requirement for participation in the clinical component of the program.

5. All students must complete the Student Health and Clinical requirements within 30 days of the beginning of the program. Failure to do so will result in program dismissal without refund.

6. Program completion is defined as completing all program requirements necessary to qualify for the National Registry Paramedic certification examination.

7. Completion of this program does not qualify for academic credit at Radford University. Applicants wishing to obtain credit can apply to the RU-Emergency Services Program Degree Completion Track and obtain credit through the “credit by examination” process once Paramedic Certification has been achieved.

8. Payment for this program does not qualify as “Tuition” under IRS Code. You will not receive a 1098-T for tax deductions from Radford University or Western Virginia EMS Council.

9. No tuition refunds will be made.

10. Understand that completion of this program **does not** guarantee that the student will be allowed to participate in any certification processes.

If accepted into the program, documentation of all immunizations as listed below must be submitted into Castlebranch, the programs clinical compliance database, within 30 days of THE FIRST DAY OF CLASS:

A. **Proof of immunization or results of MMR titer. (Required.) 2-part vaccine or 2-part serological confirmation**

B. **Proof of current flu vaccination. (Required.)**

C. **Proof of COVID vaccination/boosters. (Required.)**

D. **Hepatitis B vaccine status. (Recommended. If vaccination is declined, a declination form must be supplied or completed.) 3-part vaccine series.**

E. **Proof of immunization or results of varicella titer, if there is no history of chicken pox. (If you have had chicken pox, Serological Confirmation of Immunity required). 2-part vaccine series or serological testing.**

F. **Tuberculosis Screening is required. Should you answer yes to one of the screen questions during clinical clearance, you will be required to provide results of tuberculin skin test (TST). If this is necessary, this will be further discussed during clinical clearance orientation.**

G. **Proof of Tetanus, Diphtheria, and Acellular Pertussis (Tdap) vaccination (Required) 1-part vaccine series.**

H. **Proof of Meningococcal Conjugate Vaccine (Required) 2-part vaccine series.**

I. **Proof of Polio Virus Vaccine (Required) 4-part vaccine series as child or 1 adult booster.**

J. **Physical exam administered by a licensed healthcare provider within the last 12 months prior to the course beginning date.**

K. **Proof of health insurance.**

RU-WVEMS PARAMEDIC ADMISSION POLICIES AND ENROLLMENT REQUIREMENTS

ACKNOWLEDGMENT PAGE

TO BE READ AND SIGNED BY APPLICANT

I have read the attached ***RU-WVEMS Paramedic Admission Policies and Enrollment Requirements*** and understand the requirements and meet all of those listed and applicable.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ADMISSION TO THE COURSE. ADMISSION DECISIONS ARE FINAL.

I hereby affirm that the information I have submitted on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation. I further affirm that I am eligible for certification as a Virginia EMS provider under **12 VAC5-31-910** (criminal or enforcement history) of the Virginia Administrative Code (EMS Rules and Regulations).

_____ _____

Signature of Applicant Date

Course Application:

Section–1: APPLICANT INFORMATION *[PLEASE PRINT CLEARLY]*

Last Name _____ First Name _____ VA Certification Number _____ Expiration _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone (Home) _____

Personal E-mail Address _____ Phone (Alternate – *specify type*) _____

EMS Agency Affiliation _____ Date of Birth _____

Section–2: IN CASE OF EMERGENCY, PLEASE NOTIFY *[PLEASE PRINT CLEARLY]*

Last Name _____ First Name _____ MI _____ Relationship _____

Street Address _____ Phone (Home) _____

City/Town _____ State _____ Zip Code _____ Phone (Alternate – *specify type*) _____

Section–3: AFFIRMATION AND SIGNATURE

I certify that I meet all requirements of the RU-WVEMS Training Program and the Virginia Department of Health, Office of Emergency Medical Services, which are necessary to enroll in this course.

Signature _____

Date :_____

Essay:

Please answer the following questions, in your own words, by typing a response below:

Define “integrity” and its applicability to your career.

What should the “professional” expectations of a student be in an educational program of this type?

Define “empathy” and its applicability to your patient care.

Recommendation for ALS Education Program

☐ EMS Agency Training Officer ☐ EMS Agency Chief Operational Officer [*Check one]*

Section–1: APPLICANT INFORMATION *[To be completed by applicant]*

_____ _____ ____ _____
Last Name First Name MI Certification Number

Mandatory Statement

I hereby waive my right of access to, and authorize the RU-WVEMS Training Program to use confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to the Paramedic program.

_____
Signature Date: _____

Section–2: RECOMMENDATION *[To be completed by the recommender]*

Directions: We appreciate your cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the prospective student. If the seal is tampered with, the student will not receive credit for your evaluation/recommendation.

How long have you know the applicant?_____In what capacity? _____

Please evaluate the applicant by circling the number in the column that most nearly represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Top 25%)	Superior (Top 10%)
Intellectual Ability	**1**	**2**	**3**	4
Ability to Communicate	**1**	**2**	**3**	4
Self-Reliance/Independence of Thought	**1**	**2**	**3**	4
Motivation	**1**	**2**	**3**	4
Integrity	**1**	**2**	**3**	4
Profession Interest	**1**	**2**	**3**	4
Cooperativeness	**1**	**2**	**3**	4
Total				

Recommendation based on applicant's ability to pursue:

☐ **Strongly Recommend** ☐ **Recommend** ☐ **Recommend with Reservation** ☐ **Do not Recommend**

On the reverse side of this form, please add any comments that might assist the Program in making a judgment about the applicant's admission to the Paramedic program.

_____
Signature *(Original Signature Required)* Date:_____

_____
Name/Title

Agency Medical Director Endorsement Signature:

_____