



## Napa Valley College Paramedic Academy – Cohort 17

*Napa, California*

Dear Prospective Paramedic Student:

Congratulations on your choice to select Napa Valley College for your continuing professional development. Napa Valley College has been an integral part of the Napa Valley Community for over Eighty years. It has been recognized for its commitment to high educational standards, innovative programs, and commitment to healthcare education. We are pleased to report that **The Emergency Medical Technician---Paramedic Program at Napa Valley College is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the EMS Professions. ( [www.CoAEMSP.org](http://www.CoAEMSP.org) )**

The Health Occupations Division of the college is home to several highly regarded health career programs. Presently, the Division is composed of an Associate Degree Nursing Program, Respiratory Therapy Program, Psychiatric Technician Program, Vocational Nursing Program, and Emergency Medical Services Program. Health Occupations students are highly motivated and play an important role in forming a cooperative learning environment that is committed to achieving the highest standards of excellence in healthcare education and service.

The Health Occupations Division in 2008 added the Paramedic Academy to its Emergency Medical Services Program. Prospective students may earn either a certificate or an associate degree in this area. Both the certificate and associate degree will prepare the student to sit for the National Registry of Emergency Medical Technicians (NREMT) certification exam and obtain licensure to work in the Emergency Medical Services field as a paramedic.

You may wish to consult the college's general catalogue for information about admission to the college, and educational costs. We encourage all prospective students to make an appointment with a college counselor to develop an educational plan, especially those who wish to earn the associate degree and/or transfer to a four year university.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Rose", written over a light gray rectangular background.

Greg "Scott" Rose, MPA, EMT-P  
Director of EMS Programs

Application

April 1, 2024

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## APPLICATION INSTRUCTIONS

1. Review all sections of the application.

- Section A: General Information
- Section B: Program Admission Worksheet
- Section C: EMT---I Work Experience
- Section D: EMT---I Work Verification
- Section E: Technical Standards & Admission Requirements
- Section F: Substitution Form (as required)
- Section G: NVC Paramedic Program Application Essay

2. Print & complete each section. Ensure you **sign** in all places requesting your signature.
3. Mail your completed application materials to the Office of Admissions & Records (Building and label care of **Margarita Ceja**. **Applications will begin being accepted April 1<sup>st</sup>**. The US Postal Service date and time stamp is used as one of the deciding factors for admissions criteria. For this reason, you are encouraged to mail your completed application as soon as you have all required documentation. You may mail them to:

Napa Valley College --- Admissions and Records  
c/o Margarita Ceja  
2277 Napa Vallejo Highway  
Napa, CA 94558

## **APPLICATIONS ARE DUE TO NVC A&R NO LATER THAN, May 3<sup>rd</sup> 2024**

*Hand delivered, Incomplete or late applications will not be considered.* It is **highly recommended** that you also scan in your completed application and email to [emsprogram@napavalley.edu](mailto:emsprogram@napavalley.edu). In the event an application is misplaced this **may** serve proof of submission, the Director of EMS Programs and the admission personnel will review each case. *Please note that an emailed copy will not serve as the time and date of submission for the first---come first---serve list, you must submit all the application materials as specified above.*



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4. Retain a copy of your application and all supporting materials for your own records.
5. You must take and complete the EMT-I (Basic) Assessment Exam offered May 4<sup>th</sup>, May 6<sup>th</sup> & May 15<sup>th</sup> between the hours of 08:00 – 17:00 in classroom 1010. The entrance exam consists of EMT Basic knowledge questions. You will not receive your exam score or a review of the entrance exam.
6. Your score on this test will be one of the factors considered during the application evaluation process. There is no benefit in taking the test sooner than later – rather it is important that you complete the exam on one of the listed dates above or your application will be considered incomplete and not evaluated for placement into the Paramedic Academy.
7. If you have questions about the application or application process, please email [emsprogram@napavalley.edu](mailto:emsprogram@napavalley.edu) for clarification. Do not contact Admissions & Records or the main Health Occupations office, as they are not able to provide clarification as to requirements, exceptions, or make interpretations as to the contents of this application packet.

## Important Dates:

- **April 1<sup>st</sup> – May 3<sup>rd</sup>** – Application window
- **May 4<sup>th</sup>, May 6<sup>th</sup>, & May 15<sup>th</sup>** – EMT Assessment Exam Dates (08:00 – 17:00, Room 1010. Last exam handed out @15:30 and collected @ 17:00 regardless of completion status, Walk-in, no appointment required)
- **June 2<sup>nd</sup>** – Email notification of offer of acceptance into the program will be sent to the most competitive applicants. Conditional offers will be sent to the most competitive applicants with A & P or experience requirements in progress. Those candidates being placed into the alternate pool will also be notified at this time.
- **June 20<sup>th</sup> @ 10am** – A & P and EMT experience requirements must be completed and verification of it provided to program.
- **June 23<sup>rd</sup>** - Alternates advancing to full offers will be notified of their change in status
- **June 26<sup>th</sup> @ 10 AM** – Mandatory Orientation for all Cadets, if you are not in attendance you will be dropped from the Cohort and replacement offer will be made.
- **August 15<sup>th</sup>** – First Day of Academy, 08:00-17:00, Room 1010/1011



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## PART A: GENERAL INFORMATION

Please Legibly Print or Type All Information Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(\*you must have an active email address)

**\*All communications will be through Email**

Have you ever registered at this or any other educational institution under a different name?

If yes, state name(s): \_\_\_\_\_

At which institution(s): \_\_\_\_\_

Emergency Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Best Contact Phone Number

*I have reviewed the information above and the information I have provided in all sections of my application, and it is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## PART B: PROGRAM APPLICANT ADMISSION WORKSHEET (*This check list is not to be turned in*)

Please review this worksheet. It outlines all the prerequisites and the forms of documentation that you must provide in order to demonstrate that you meet the prerequisite requirements. You must have the appropriate supporting documentation as outlined in the worksheet below. Failure to provide the correct documentation when turning in your application will result in your application being considered as incomplete.

Prerequisite	Documentation Required	Completed
High School Diploma Equivalency	<ul style="list-style-type: none"> <li>• <b>Official</b> high school transcript showing date of graduation, or;</li> <li>• Documentation of successful completion of GED, or;</li> <li>• Documentation of successful completion of California High School Proficiency Exam (CHSPE), or;</li> <li>• Copies of evaluated foreign high school transcripts (foreign transcripts must be evaluated by an approved independent agency)</li> </ul>	
College Transcript documenting completion of:		
EMT95: Emergency Medical Technician Basic or equivalent.	<ul style="list-style-type: none"> <li>• <b>Official</b> copy of NVC college transcript, or;</li> <li>• <b>Official</b> college or post-secondary transcript documenting completion of this course or its equivalent taken at another institution</li> <li>• Copy of course completion certificate if taken from a non-academic institution or private EMT school. You may also be requested to provide evidence of enrollment in the program.</li> </ul>	
HEOC 100: Anatomy & Physiology or equivalent with a "C" letter grade or better**  Or, Biology 218: Anatomy and Biology 219: Physiology, both with a "C" letter grade or better**	<ul style="list-style-type: none"> <li>• <b>Official</b> copy of NVC college transcript, or;</li> <li>• <b>Official</b> college or post-secondary transcript documenting completion of this course or its equivalent</li> <li>• <i>If your A &amp; P course(s) are in progress, you must provide proof of enrollment and the expected completion date.</i></li> <li>• All A &amp; P Courses must be completed and completion verification no later than <b>June 20, 2024</b></li> <li>• Electronic transcripts are to be sent to <b>ANRMAIL@napavalley.edu</b></li> </ul> <p><b>Note: Applicants who believe they have taken courses that are equivalent to the NVC anatomy and/or physiology courses listed above, must request equivalency by providing a syllabus or course outline for the classes taken and a completed Course Substitution form enclosed with this application packet – this must be done for ANY course other than those listed on this worksheet.</b></p>	



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Current and valid EMT-I accreditation/certification	<ul style="list-style-type: none"><li>• Copy of accreditation/certification card</li></ul>
Current AHA (American Heart Association) BLS healthcare provider CPR certification	<ul style="list-style-type: none"><li>• Copy of certification</li></ul>
Verification from employer/volunteer supervisor of 2000 hours of pre-hospital volunteer/work experience done in the last three (3) years	<ul style="list-style-type: none"><li>• Signed original copy(ies) of Volunteer/Employment Verification form(s) in sealed envelopes</li></ul>
<b>** Note: If the applicant is in the process of completing the A &amp; P requirement or EMT experience requirements, the student must complete and submit the requirement by 10am June 20,2024. Failure to do so will jeopardize their standing in the upcoming program.</b>	



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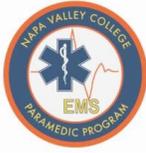
## **PART C: EMT---I VOLUNTEER/WORK EXPERIENCE *(Filled in by Applicant. Must be turned in with Application Packet)***

Below are the kinds of pre-hospital EMT-I volunteer/work experience that a student may count towards the 2000 volunteer/work experience requirement. Priority is given to students whose bulk of work experience has been responding to emergency calls in the pre-hospital setting. Please list your hours in the worksheet below.

Type of Work Experience	Total Hours in Past 3 Years
<b>A. Worked for an agency that predominately conducted 911 calls:</b> <b>Worked as an EMT on a transporting ambulance with a paramedic and responding to 911 calls</b> <b>Worked as an EMT with an EMT partner on a transporting ambulance responding to 911 calls</b> Other Similar Experience:	
<b>B. Worked for an agency that conducted inter-facility transports and occasionally responded to 911 calls:</b> <b>Worked as an EMT with an EMT or EMT-P partner on an ambulance performing inter-facility transports and responding to 911 calls occasionally</b> <b>Worked as an EMT responding to 911 calls in a rescue vehicle as part of a fire agency but not on an ambulance.</b> Other Similar Experience:	
<b>C. Working for a service where you were only responsible for inter-facility Transfers (no 911 calls):</b> <b>Worked as an EMT with an EMT partner on an ambulance performing inter-facility transports.</b> Other Similar Experience:	
<b>D. Working for an agency where you provided Tech Experience:</b> <b>Worked as an EMT on a critical care transport ambulance with a registered nurse or paramedic</b> <b>Worked as an EMT in an emergency room</b> Other Similar Experience:	
<b>E. Volunteered or worked at an agency that provides EMT service or Standby EMS Care:</b> <b>Volunteered in an EMS or Fire Agency as an EMT responding to 911 Calls</b> <b>Worked or Volunteered as a Standby EMT for events or as a park employee.</b> Other Similar Experience:	
<b>F. Other (please explain):</b>  Name of Agency: _____	
<b>Total Hours:</b>	

**I verify that the above information is true and correct**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **PART D: EMT---I VOLUNTEER/WORK VERIFICATION**

In order to verify your EMT volunteer/work experience, you must:

1. Make as many copies of the verification form that you require.
2. Provide the experience verification form(s) to your employer(s) or volunteer agency(-ies).
3. Your employer(s)/volunteer supervisor(s) should complete and sign the verification form(s).
4. Your employer(s)/volunteer supervisor(s) should place the completed and signed verification form(s) in a sealed envelope with his or her signature across the seal. She or he should return the sealed form to you for you to include in your application packet.  
**DO NOT OPEN ANY SEALED ENVELOPE, AS THIS WILL INVALIDATE THE VERIFICATION FORM.**
5. **Submit each sealed employment verification form(s) with your application packet.**



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## Work Verification Form (page 1 of 2)

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I authorize my current/former employer/volunteer agency to verify my volunteer/work hours and experience to Napa Valley College for the purposes of my application to the college's paramedic program.

Applicant Full Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Dear EMT Employer/Volunteer Agency,

The individual named above has applied to the Napa Valley College Paramedic Program. Please complete, sign, and return this employment/volunteer verification form to the applicant **in a sealed envelope with your signature across the seal.**

Employer's/Volunteer Agency's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**(Continue on the following page)**



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## Verification Form (page 2 of 2): EMPLOYMENT/VOLUNTEER HISTORY

Dates Employed (Paid):                      From \_\_\_\_\_ To \_\_\_\_\_

Dates Volunteered                              \_\_\_\_\_

Total Hours worked during employment/volunteering: \_\_\_\_\_

Did the individual participate in patient care?      Yes                      No

### Please check the kinds of work experience the applicant performed while employed by/volunteering with your agency:

- Worked as an EMT on a transporting ambulance with a paramedic predominately responding to 911 calls
- Worked as an EMT with an EMT partner on a transporting ambulance predominately responding to 911 calls
- Worked as an EMT with an EMT partner on an ambulance performing inter-facility transports and occasionally responding to 911 calls
- Worked as an EMT on a critical care transport ambulance with a registered nurse or paramedic
- Worked as an EMT with an EMT partner on an ambulance performing inter-facility transports only
- Worked as an EMT responding to 911 calls in a rescue vehicle as part of a fire agency but not on an ambulance
- Worked as an EMT in an emergency room
- Worked/Volunteered at our agency, which provides EMT service
- Other (please explain): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E---Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_



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## PART E: ORIENTATION, IMMUNIZATION, & BACKGROUND SCREENING

Orientation Requirement:

- 1.) **There is a mandatory Cohort 17 orientation meeting 10:00am June 26<sup>th</sup> in classroom 1010. Upon acceptance to this program, all students must attend this meeting. Failure to attend may result in dismissal from the program.**

Background Screening Requirement

- 1) All students admitted to the program must complete a background screening, information on when to complete this screening will be provided at the Orientation meeting. A background screen that returns a history of criminal offenses may result in a rescinding of the acceptance offer, as California State law stipulates that persons holding a criminal record may be ineligible for paramedic licensure in the state (see Title 22, section 100173). In addition, those with criminal backgrounds may be ineligible for clinical and/or field placement, thus making it impossible for the student to meet the requirements of the program.

Immunization Requirements

- 1) Upon acceptance to the program, the student will be expected to provide documentation of the following tests/immunizations. You will be informed by your instructor of when you will need to submit documentation of the tests listed below. Failure to do so may result in dismissal from the program.
  - a) Copy of current TB test or Chest x-ray report
  - b) Proof of Hepatitis B immunization series (completed or in progress)
  - c) Proof of Rubella Titer showing immunity or proof of re-immunization
  - d) Proof of Varicella immunization or titer
  - e) Health Screening Exam

I have read and understood the above.

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Signature

Date

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Application  
April 1, 2024



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## PART F: COURSE SUBSTITUTION FORM (Only turn in if you need to substitute a course which is required)

### COURSE EQUIVALENCY/SUBSTITUTION APPROVAL

For Paramedic (EMT-P) Program

**Note:** Course substitutions/equivalencies are made on an individual basis and do not set a precedent for future program planning. The final decision for course substitutions is made by the Program Coordinator or by the faculty member who has responsibility for the subject area of the course(s) in question. If you are requesting a course equivalency/substitution, please complete this form and attach a copy of the course syllabus or outline of the equivalent course.

Student's Name: \_\_\_\_\_ Student's last 4 SS#: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill in the information requested below.

NVC Course required	Equivalent Course taken from other College	Name of College	Semester completed

Documentation for all course work listed above must be attached.

\_\_\_\_\_  
Student's Signature

Substitution is APPROVED or DENIED      Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Part G: NVC Paramedic Program Application Essay

**\*\*To be turned in with application packet\*\***

### **Goal:**

1. To increase your awareness of the commitment needed to succeed in the Paramedic Program
2. To check your writing skills
3. To glean information from each prospective Cadet

### **Assignment:**

Two-three-page “clearly/nicely” **handwritten** essay. Typed essays will not be accepted and your application will be deemed incomplete. Punctuation, sentence structure, paragraphing, grammar, and spelling ARE important.

### **Topics to cover:**

1. Tell a little bit about yourself.
  - a. What brought you to apply to the Paramedic Academy?
  - b. What experience will you bring to the Paramedic Academy?
  - c. Do you intend to continue your education?
2. What supports will you put into place to make certain you are successful in the Paramedic Academy?
3. Include discussion regarding your plan for each of the following:
  - a. study habits
    - i. environment
    - ii. when, where and how long to you plan to study
  - b. child care (if it applies)
  - c. transportation
  - d. domestic chores (cooking, shopping, laundry, cleaning, etc.)
  - e. work schedule (if it applies)
  - f. How will you handle emergencies?
    - i. example: car problems, family issues
  - g. medical and dental appointments
  - h. sleep habits
  - i. social life, hobbies, etc.
  - j. nutrition – do you eat breakfast?