



**CLEVELAND CLINIC AKRON GENERAL • PARAMEDIC EDUCATION PROGRAM**  
**Ohio Accreditation #301 • CAAHEP Accreditation #600072**

Cleveland Clinic Akron General Paramedic Education Program offers a paramedic class every fall (early September). The classes are held on Tuesday, Wednesday and Thursday from 5:45 p.m. – 9:30 p.m. Approximately twelve hours of clinical experience are required each week bringing the total time commitment for the program to approximately thirty hours per week. Total didactic, clinical and field internship hours are approximately 921 hours. The schedule includes a few Saturdays throughout the program and approximately eight different daytime commitments (example: ACLS, PALS, ITLS). Total hours may vary for each student based upon clinical competencies obtained.

The current program tuition is \$6,000.00 and covers all course materials and fees. Tuition is payable in three equal installments (\$2,000) which are due the first night of class in: September, January, and March. The student or student's sponsor is responsible for obtaining/providing liability insurance upon acceptance into the program.

**MINIMUM APPLICATION REQUIREMENTS:**

The Applicant must meet the following requirements and deliver copies of the below listed documents and application to the Paramedic Office no later than Monday, July 6, 2020.

- At least 18 years of age
- Hold a valid Ohio Driver's License
- Hold a current AHA, ASHI, or ARC BLS Healthcare Provide Card
- Hold NIMS 100 & 700 Certifications
- Certified as an EMT in Ohio or have National Registry EMT and actively seeking and obtaining Ohio reciprocity by the start of class
- Completed application and checklist with \$20.00 application fee (due at time of submission, cash only)

The application and the above documents must be returned in person and will be reviewed for completeness. Applications that are incomplete will not be accepted.

**ADMISSION REQUIREMENTS:**

- Receive an average of 70% or higher on the pre-entrance examination
- Complete an interview with the Student Selection Committee. Interviews will be held in mid to late July, 2020.
- CCAG PME requires all students within the program to provide professional medical liability insurance at a rate of one-million per occurrence. Information on obtaining this low cost protection will be provided upon admission into the program.
- Personal Health History, Immunization Record, and Physician Physical Exam (forms will be distributed in Acceptance Packet).
- Hepatitis B series and current influenza vaccinations are required.
- 10 Panel Urine Toxicology Screen is required. Results must be negative. (Must be completed after date of acceptance)
- Successfully complete a background check

**PRE-ENTRANCE EXAMINATION:**

- The Pre-Entrance Examination will be held on Tuesday, July 7, 2020 at 8:00 a.m. This is an approximate four hour process that consists of an EMT test, Wonderlic Scholastic Level Exam, and reading comprehension test. The components of this exam may be changed. All candidates will be notified of any changes no less than two weeks prior to the exam.

**If you have further questions, please contact the Paramedic Education office at (330) 344-6655 during business hours 7:30 a.m. - 3:30 p.m., Monday through Friday.**

## Paramedic Application Checklist

Please ensure that the entire checklist is complete before submitting your application. All applications and documents must be received by the office no later than 8:00 a.m. on Monday, July 6, 2020. All applications must be submitted in person. Incomplete applications will not be accepted.

### The following must be submitted before being offered a seat for the pretest:

- Completed Application
- \$20 Application Fee (Cash only)
- A current picture of yourself (Passport Size 2'X2')
- Copy of your Ohio EMT or AEMT Card
- Copy of your National Registry Card (If applicable)
- Copy of your Ohio Driver's License
- Copy of your current CPR Certification  
(AHA, ASHI, or ARC BLS Healthcare Provider Level will be accepted)
- Copy of your High School Diploma
- Copy of your NIMS 100 & 700 Certifications
- Proof of successful completion of Anatomy & Physiology\*  
(Unofficial transcript through an accredited college/university only)  
*\*An online course will be available to accepted students who have not yet completed this requirement at any additional cost. Additional information will be available upon acceptance into the program.*

### The following must be received before being offered an interview in the program:

- Have official copies of your High School Transcript sent directly to the program from the school
- Have official copies of all College Transcripts sent directly to the program from the college
- Complete 2 Reference Forms and have them sent directly to the program from the individual providing the reference

### Transcripts & Reference Forms should be mailed to:

Cleveland Clinic Akron General  
Paramedic Education Program  
1 Akron General Avenue  
Akron, OH 44307



This application is being submitted for Class 46 which begins on Tuesday, September 1, 2020. The application and all required documents must be received by 8:00 a.m. on Monday, July 6, 2020 for consideration and eligibility to sit for the pre-entrance exam. The pre-entrance exam will occur on Tuesday, July 7, 2020 at 8:00 a.m. The successful candidate will be invited for an interview in mid to late July, 2020.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (M)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you 18 years of age or older? **YES NO**

Notify in Emergency/Relation \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**EDUCATION:**

Name of High School \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of College \_\_\_\_\_ Major \_\_\_\_\_ Dates Attended/Graduation Date: \_\_\_\_\_

Name of EMT Program/Facility \_\_\_\_\_ Graduation Date: \_\_\_\_\_

OHIO EMT Certification #: \_\_\_\_\_ How long have you been an EMT: \_\_\_\_\_

How many attempts did it take you to pass your National Registry EMT Exam? \_\_\_\_\_

Please check any of the boxes below to which you have obtained as of the date of this application. You must submit evidence (official transcripts) to your selections below along with application submission. Anatomy & Physiology must be at the college level and have received a "C" or better.

Master's Degree  Bachelor's Degree  Associate's Degree (or 60 hours completed)  Anatomy & Physiology

**EMS SERVICE AFFILIATION:**

Department/Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteer \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

Have you ever applied to this Paramedic Program before? **YES NO** (If YES, Date) \_\_\_\_\_

Have you ever been a Paramedic Student in this program or another Paramedic Program? **YES NO**  
(If YES, please explain reason for non-completion) \_\_\_\_\_

Will you be attending this Paramedic Class as a University of Akron Student? **YES NO**  
(If so, supply your UA STUDENT ID # \_\_\_\_\_)

**CURRENT EMPLOYER** (If different or in addition to EMS affiliation listed on the front page)

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Job Functions \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours per week \_\_\_\_\_

**PREVIOUS EMPLOYER**

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Job Functions \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted, plead guilty to, or no contest to a felony? **YES NO**

(If YES, please explain on a separate sheet of paper)

**PERSONAL ESSAY**

Why do you want to become a Paramedic?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Do not sign this application until you have read and understand the following provision:**

I hereby attest that the information given by me in this application is true in its entirety, and I agree that if any of the information is misrepresented, admission into the Cleveland Clinic Akron General (CCAG) Paramedic Education Program may be revoked at any time without liability to CCAG. I further agree that if I am admitted into the program and it is discovered that the information contained in this application is false or misleading in any way, I am subject to immediate dismissal. As an applicant for admission to the Paramedic Education Program at CCAG, I authorize CCAG to investigate my background. I further authorize any and all past employers, schools, references, and any all other persons and organizations to answer all questions asked by CCAG staff as it relates to my character and background. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to CCAG.

With my signature below, I hereby authorize any city, county, state, or federal law enforcement agency or court to release to CCAG any information they possess concerning my background, including information concerning prior arrests which resulted in conviction or any pending matter to which has not been resolved.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**Cleveland Clinic**  
Akron General  
EMS Education

Please complete the top of each side of this form prior to submitting it to your evaluator. The evaluator must be your EMT instructor, medical director, operations director/supervisor, or work supervisor (**no relatives**).

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

**Dear Evaluator:**

The above named has applied for the upcoming Paramedic Education Program at Cleveland Clinic Akron General and has given us authorization to complete a reference check. Your evaluation will be held in strict confidence.

The applicant, if selected, will be performing a wide variety of emergency medical procedures and patient evaluations. The applicant will need to make intelligent and sound decisions while functioning as a Paramedic Student. The Paramedic Student is expected to have high integrity with a professional demeanor throughout the program. Please keep these qualities and characteristics in mind when recommending the applicant to the Paramedic Education Program.

We would appreciate you completing the reverse side of this form, which may be returned in the stamped self-addressed envelope provided by the applicant to: Cleveland Clinic Akron General, Paramedic Education Program, c/o Brandon Schoborg, 1 Akron General Avenue, Akron, OH 44307.

In the event you have information you wish to discuss personally, please contact the office at (330) 344-6655. The student should sign the release, and have it witnessed, prior to the reference form being completed.

Thank you in advance for your cooperation.

Sincerely,

*Brandon M. Schoborg*

Brandon M. Schoborg, MBA, NRP  
Director, Paramedic Education





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Sincerely,

*Brandon M. Schoborg*

Brandon M. Schoborg, MBA, NRP  
Director, Paramedic Education

**To be completed by the Applicant:**

**Authorization and Release:** As an applicant for admission into the Paramedic Program at CCAG, I hereby authorize CCAG to fully and completely investigate my background. I further authorize and direct all persons and all of my past employers, physicians, schools, references, and any and all other persons and organizations to answer all questions asked by CCAG concerning, as the case may be, my ability, character, reputation, health, grades, and previous employment record. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to Cleveland Clinic Akron General's Paramedic Education Program.

\_\_\_\_\_  
 Name of Applicant    Signature of Applicant    Date

\_\_\_\_\_  
 Name of Witness    Signature of Witness    Date

----- **To be completed by the Evaluator:** -----

Your relationship to the applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

To the best of your knowledge, does the applicant have or has ever had any physical, mental, or health defects which would affect his completion of this educational program? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Please check the block opposite each characteristic which best fits the individual.	Superior	Good	Average	Poor	Not Observed
Quality of work performed					
Quality of work-ability to produce results					
Learning ability					
Personality - effectiveness in dealing with people					
Character - honesty, loyalty, integrity					
Attitude - interest and enthusiasm toward work					
Dependability - carrying out instructions of supervisor					
Judgment - ability to draw correct conclusions					
Knowledge of work - degree of mastery of working skills					
Attendance/Punctuality					
Initiative					

Would you endorse this applicant as a candidate for the Paramedic Education Program? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please comment below.  
 Please list here any comments which would assist us in evaluating the applicant \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Title/Organization \_\_\_\_\_ Date \_\_\_\_\_