



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. The classes are held on Tuesday, Wednesday and Thursday from 5:45 p.m. – 9:45 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, and home study hours are approximately 1046 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 5, 2021.

- 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:

- Successfully pass the pre-entrance examination.
- Complete an interview with the Student Selection Committee. Interviews will be held in mid to late July, 2021.
- 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 6, 2021 at 8:00 a.m. This is an approximate three 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 5, 2021. 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



Cleveland Clinic

**Akron General
EMS Education**

**Paramedic Education Program
Class 47 Paramedic Application**

This application is being submitted for Class 47 which begins on Tuesday, August 31, 2021. The application and all required documents must be received by 8:00 a.m. on Monday, July 5, 2021 for consideration and eligibility to sit for the pre-entrance exam. The pre-entrance exam will occur on Tuesday, July 6, 2021 at 8:00 a.m. The successful candidate will be invited for an interview in mid to late July, 2021.

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 _____



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 Michael Simon, 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,

Michael G. Simon

Michael G. Simon, BS, NRP, C-NPT
Director, Paramedic Education



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