



College of Southern Nevada Paramedic Medicine Program

Application Packet

Fall 2024

West Charleston Campus

6375 W. Charleston Blvd.

Las Vegas, NV 89146

(702) 651 – 5807

The College of Southern Nevada (CSN) Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP)

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Paramedic Medicine Program Information

We are dedicated to preparing students with the necessary skills, through both theory and practice, to meet the needs required of an EMS professional both locally and nationally. The Paramedic Medicine Program at CSN meets or surpasses all the local and national formal education requirements through a comprehensive breadth and complex depth of study in advanced life support.

Successful completion of the program can lead to either a Certificate of Achievement (C.O.A) or an Associates of Applied Science (A.A.S.) in Paramedic Medicine from CSN and concurrent eligibility for professional certification through the National Registry of Emergency Medical Technicians (NREMT) as well as local licensure through the Southern Nevada Health District (SNHD) at the paramedic level.

CSN Paramedic Program Description

The CSN Paramedic Program is limited to 24 students per cohort; alternates may be selected and placed on a waiting list. The selection process ensures unbiased review of all applicant qualifications, with significant emphasis placed on applicants with prior 911 experience, national AEMT certification, and a confirmed internship sponsor with a local 911 provider. Complete selection criteria can be reviewed later in this packet.

Upon acceptance into the program, candidates should expect to be in in-person classes 1 day a week, in clinical rotations one day a week for four (4) to twelve (12) hours, and require asynchronous study time of up to thirty-six (36) hours per week*. This is a rigorous program; maintaining full-time employment throughout the duration of coursework will prove to be challenging and cannot interfere with required class or clinical time.

Paramedic Job Functions

The paramedic is an important health care worker providing highly skilled care to the patient before he or she arrives at a hospital facility. In many instances, the care provided for the patient in the prehospital setting means the difference between life and death. The field of emergency medicine is the ideal field for that individual who is seeking a physically and mentally stimulating occupation and who enjoys helping people during crisis situations. Some of the responsibilities routinely performed by a paramedic include:

- Demonstrating technical competence in all basic and advanced life support emergency care interventions within the national scope of practice model
- Analyzing emergency situations and assessing patients utilizing a systematic approach
- Developing and implementing a prehospital patient care plan as the medical leader on a multi-disciplinary team of public safety personnel
- Displaying values consistent with the professional identity of a paramedic

Paramedics represent the highest nationally recognized level of prehospital emergency medical services provider. They are expected to be capable of performing the same essential functions as all other CSN EMS students. The full list of essential functions can be reviewed in the CSN EMS Student Handbook.

Career Opportunities

The CSN Paramedic Medicine Program is designed for those students seeking a career in the prehospital emergency setting. The field has expanded rapidly in recent years and well-qualified technicians are in demand. Average salary for emergency medical technicians and paramedics in Nevada ranges from \$11.47 - \$24.73 per hour, with a median salary of \$15.46 per hour. This information was gathered from nevadaworkforce.com based on 2018 data.

*see proposed schedule

CSN Paramedic Program Expense Estimate

CSN General Expenses

Application Fee	For CSN admission	\$20.00	
New Student Fee	First-time CSN students	\$20.00	
Non-Resident Fee	Non-Nevada residents	\$4333.00/semester	
E-learning Fee	Online course fee	\$15.00/online course	

Pre-Program Expenses

Clinical Scheduler	Information provided at orientation	\$189.00	†
Document Tracker	Information provided at orientation	\$70.00	†
Drug Screen	Information provided at orientation	\$35.00	†
Background Check	Information provided at orientation	\$33.00	†
CPR Card	AHA BLS Provider	\$00.00 - \$80.00	†
Uniforms	CSN EMS Uniform	\$00.00 - \$150.00	†
Equipment	Watch, Stethoscope, Trauma Shears, Calipers	\$10.00 - \$250.00	†
Medical Insurance	Maintained throughout program	\$0.00 - \$500.00/month	†
Physical Exam	Completed on CSN form; good for 1 year	\$0.00 - \$75.00	†
Immunizations	See Vaccines (page 13)	\$0.00 - \$600.00	

Core Course Expenses

Textbooks	Available at CSN Charleston Campus Bookstore	\$79.20 - \$1556.15	\$
Tuition & Fees FA24	13 credits in CSN tuition & fees / *EMS lab fees	\$2003.25	
Tuition & Fees SP25	14 credits in CSN tuition & fees / EMS lab fees	\$2238.50	
Tuition & Fees SU25**	8 credits in CSN tuition & fees / EMS lab fees	\$1262.00	
Tuition & Fees FA25**	3 credits in CSN tuition & fees / EMS lab fees	\$435.75	

Additional Course Expenses

Pre/Corequisite Courses	6 credits in CSN tuition & fees C.O.A.	\$871.50	\$\$
Additional Course	3-5 credits in CSN tuition & fees	\$435.75 - \$726.25	\$\$
A.A.S. Additional Courses	19-21 credits in CSN tuition & fees	\$2759.75 - \$3050.25	\$\$

Professional Expenses

SNHD Provisional Licensure	Completed before beginning an internship	\$61.00	†
SNHD Fingerprinting	For new SNHD EMS providers	\$71.25	†
NREMT Cognitive	Completed after Passing EMS 173	\$160.00	†
Exam SNHD Licensure	For local 911 paramedics	\$99.00	†

† Paid to a third-party vendor, not the College of Southern Nevada

\$ Cost may vary if renting texts, buying used texts, or buying from other vendors

\$\$ Does not include any additional course-specific fees, equipment, or textbooks

** Tuition and fees beyond Spring 2025 not yet published and may be slightly higher than calculated here.

Paramedic Program Applicant Process

1. Obtain an Emergency Medical Technician (EMT) certificate
 - a. Local, State, and National certifications/licenses are all accepted
 - b. Preference will be given to applicants with a NREMT Advanced EMT certificate
2. Apply to the College of Southern Nevada as a student
 - a. Transfer in all credits from outside institutions and
 - b. Verify if prerequisite course(s) requirements are met
3. Schedule an advising meeting
 - a. With the EMS Program Director or
 - b. With an EMS full-time faculty member
4. Complete the application packet
 - a. Attach all requested forms, transcripts, letters, & copies then
 - b. Seal all materials in ONE envelope, put your name and NSHE ID on the outside
5. Turn the completed application into the EMS offices: **Fall 2024 Due Date = July 1**
 - a. Administrative Assistant or
 - b. Program Director or
 - c. Full-time Faculty Member
6. Check your provided email for important updates
 - a. Notification of an incomplete application packet or your calculated selection criteria score will be sent within three (3) weeks of application submission
 - b. Notification of your admission status will be sent within three (3) weeks after the application deadline
7. Confirm or deny your acceptance by submitting the completed form: **ONE week to accept!**
 - a. Electronically or
 - b. Physically
8. Prepare
 - a. Mark the orientation date on your calendar! Be there!!! and
 - b. Rearrange employment schedules and
 - c. Save for tuition, fees, books, uniforms, & equipment and
 - d. Obtain proof of required vaccines

Paramedic Application Checklist

A completed application will contain **ALL** the following documents. Illegible copies, unofficial transcripts, and incomplete documents will not be accepted. Notification of an incomplete application will be emailed to the applicant within three (3) weeks of submission.

- Paramedic Medicine Program Application Form
- Proof of Advising Meeting
- Copy of current, valid EMT/AEMT certificate/licensure
- Copy of AHA BLS Provider CPR Card
- Official College Transcripts* (unofficial transcripts acceptable from CSN only)
- EMS/Healthcare Experience Form
- Letter(s) of Recommendation

*Applicants with additional coursework still in progress at the time of application will need to submit

- Proof of Registration and Expected End Date [HIT 117B, HHP123B, HHP 124B]
- Faculty letter of current standing in course(s)**

Additional documents (optional) which will be used to boost selection criteria score.

- Letter of Intent to Host a Paramedic Internship upon Program Completion**
- Copy of military ID card

**Sample letter(s) follows in packet, though any official letter from an instructor/agency representative will be accepted.

Paramedic Medicine Program Application Form



APPLICANT INFO

Name: _____ Date of Birth: _____ SSN: _____
Home Address: _____
City: _____ State: _____ Zipcode: _____
Email: _____ Phone: _____ NSHE ID: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

EDUCATION (complete all that apply; proof of highest graduation must be attached)

High School: _____ City: _____ Graduation Date: _____
College: _____ City: _____
Highest Degree Awarded: _____ *Completion Date:* _____

EMPLOYMENT (last 5 years, most recent first)

Employer:		Supervisor:			
From:	Until:	Status:	Full Time	Part Time	Per Diem
Employer:		Supervisor:			
From:	Until:	Status:	Full Time	Part Time	Per Diem
Employer:		Supervisor:			
From:	Until:	Status:	Full Time	Part Time	Per Diem

PERSONAL STATEMENT

The reason I want to attend the CSN Paramedic Medicine Program is:

Employer/CSN Communications

While enrolled in the paramedic program, do you plan on maintaining employment? Yes No

If you are accepted into the program and are employed with an EMS or fire agency - do you give the CSN EMS faculty permission to discuss your progress with your agency's Clinical Director/Manager or Chief of EMS as it relates to your cognitive, psychomotor, or affective domain? Yes No

Criminal History

If you have been convicted of any type of felony crime, it is *strongly* advised you immediately contact the Southern Nevada Health District Office of EMS Training and/or the National Registry of EMTs. Some felony convictions will result in denial of licensure or certification as a paramedic or the ability to sit for these examinations.

I have read the above statement and understand that both clinical placements and professional certification/licensure is privilege not a right, which may be affected by my criminal background.

Yes No

Program Expenses

I have reviewed the expected program expenses and understand that these are the responsibility of myself or my sponsor. I realize that certain program activities, such as clinical rotations or internship placement, cannot be started until all requirements have been met. It is my responsibility to ensure timely completion of all program requirements and failure to do so may result in my removal from the paramedic medicine program.

Yes No

Attestation

I attest that all the information on the application is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the paramedic medicine program application will result in denial/removal from the paramedic medicine program and/or the College of Southern Nevada.

Yes No

Printed Name

Signature

Date



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Paramedic Medicine Program Experience Form



APPLICATION INFORMATION

Applicant Name:
Program Track: Regular Academy

NSHE ID:
Program Year:

PAID 911 EMS EXPERIENCE

How many *months* have you worked as a **paid**, full-time, **911 EMS** provider?
How many *months* have you worked as a **paid**, part-time, **911 EMS** provider?

Agency:
Your Position:

Contact Person:
Phone:

Agency:
Your Position:

Contact Person:
Phone:

OTHER PRE-HOSPITAL EXPERIENCE

How many *months* have you spent as a **pre-hospital EMS** provider (*not included above*)?
(non-911 ambulance service, volunteer EMS agency, casino EMT, etc.)

Agency:
Your Position:

Contact Person:
Phone:

OTHER MEDICAL EXPERIENCE

How many *months* have you spent as any **other type of healthcare** provider?
(non-EMS = ER tech, scribe, medical assistant, etc.)

Agency:
Your Position:

Contact Person:
Phone:

With my signature below, I attest that the above information is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the paramedic medicine program application will result in denial/removal from the paramedic medicine program and/or the College of Southern Nevada.

Printed Name

Signature

Date

Intent to Host a Paramedic Internship



From:

Agency:

Phone:

Email:

To: CSN Paramedic Medicine Program Admissions
6375 W. Charleston Blvd.
Las Vegas, NV 89131
(702) 651 – 5807
ems@csn.edu

Dir Sir or Madam,

I am submitting this letter of intent to host a paramedic internship for _____, who is applying to your Paramedic Medicine Program in _____. With this letter the agency listed above agrees to host the paramedic candidate upon successful completion of all CSN paramedic courses except EMS 173 – which is the paramedic internship.

This letter is contingent on the paramedic candidate continuing to abide by all agency-specific rules, regulations, policies, and procedures. It does not guarantee a specific time frame for the hosting of such an internship, or dictate the financial circumstances under which the internship may be conducted.

While this letter may be revoked at any time by the sponsoring agency, at this time, the applicant listed above has met or exceeded any internal agency requirements for a paramedic internship, and is therefore currently extended the offer a future paramedic internship.

Sincerely,

Printed Name

Signature

Date

Current Standing in Course



From:

Title:

Phone:

Email:

To: CSN Paramedic Medicine Program Admissions
6375 W. Charleston Blvd.
Las Vegas, NV 89131
(702) 651 – 5807
ems@csn.edu

Dir Sir or Madam,

I am submitting this letter on behalf of _____, who is applying to your
Paramedic Medicine Program in _____. They are a current student in my course:
_____, which will end by _____. Right now, this student has a
grade in this course, which I _____ believe will be the same at the end of the course.

Sincerely,

Printed Name

Signature

Date

Paramedic Program Advising Meeting



From:
Title:
Phone:
Email:

To: CSN Paramedic Medicine Program Admissions
6375 W. Charleston Blvd.
Las Vegas, NV 89131
(702) 651 – 5807
ems@csn.edu

Dir Sir or Madam,

I am submitting this letter on behalf of _____, who is applying to your Paramedic Medicine Program in _____.

I have reviewed with them the program structure, time requirements, associated costs, and application requirements and deadlines. At the time of our meeting, the applicant demonstrated completion of the following requirements (initial all applicable boxes):

- Application
- EMT
- AHA CPR
- Transcripts
- Experience Form
- Reference Letter
- Internship Letter

They understand all application requirements are solely their responsibility, and that incomplete applications may delay or prevent admission to the program. They have been instructed to contact me with any additional questions they may have regarding their application to the program.

Sincerely,

Printed Name

Signature

Date

Vaccinations

ALL students are required to complete immunizations or provide in writing a written exemption to the vaccination policy. A student claiming medical or religious exemption may not be able to complete clinical portions of a health sciences program required for graduation. A consultation with the program director PRIOR to enrolling in a health sciences program is required of any student claiming either exemption.

Required Vaccines

Documentation of all immunity requires health records which show specific dates of the disease on medical diagnosis or specific dates when the vaccine(s) were administered. Health records may be in the form of original vaccination records or the required information may be provided by the original treating physician on official letterhead/prescription form or similar with a legal signature. School records, baby books, or family testimonials are not official documentation.

VACCINE	REQUIRED DOSAGE	ALTERNATIVE
Hepatitis B	<u>3 Doses</u> 1 st initial dose administered 2 nd administered 28 or more days after initial dose 3 rd administered 8 or more weeks after dose 2 (3 rd dose should be separated from 1 st does by at least 16 weeks)	History of the disease based on diagnosis or verification of the disease by a healthcare provider through laboratory blood testing affirming serologic evidence of immunity.
Measles, Mumps, Rubella (MMR)	<u>2 Doses</u> 1 st initial dose administered 2 nd administered 28 or more days after initial dose	
Varicella	<u>2 Doses</u> 1 st initial dose administered 2 nd administered 28 or more days after initial dose	
TDaP	<u>1 Dose</u> Administered within the last ten years	

TB Skin Test

ALL students must have a two-step TB Skin Test (TST) maintained throughout the duration of the program. The Centers for Disease Control and Prevention recommends: Administer Step One - Read results 48-72 hours later; Then, Administer Step Two a minimum of seven (7) days after administration of the first step - Read the results 48-72 hours after administration. A Two-step TB test consists of TWO injections and TWO readings. Two single TB skin Tests performed within 365 days is acceptable regardless of the time interval between the two steps.

If a student has a documented history of positive TB Skin Tests, or has a newly positive TST, they should consult the [Engelstad School of Health Sciences \(ESHS\) TB Skin Test policy](#) for further direction. The policy can be located on the CSN ESHS website.

Selection Criteria

Selection for the Paramedic program will be accomplished by the EMS Committee using the following criteria.

GPA*		X Credit Hours		x 0.10	/20 max
Internship Agreement	<input type="checkbox"/> No (0)		<input type="checkbox"/> Yes (12)		/12 max
Paid, FT 911		months		x 0.083	/4 max
Paid, PT 911		months		x 0.041	/4 max
Other Exp.		months		x 0.041	/2 max
Letter(s) of Reference		1 point each			/3 max
Preferred Certs.	<input type="checkbox"/> CSN EMT (1)	<input type="checkbox"/> NR-EMT (1)	<input type="checkbox"/> CSN AEMT (1)	<input type="checkbox"/> NR-AEMT (2)	/4 max
	Military/Veteran (2)		Total		/ 51 max

*GPA will be based on a 4.0 GPA scale and include all prior coursework for the highest degree attempted.

Selection criteria score will determine the applicant's rank in the program admission process. In the event of a tie in accumulated points, the priority will be given to the applicant:

1. First to the applicant which has a documented EMS agency sponsorship agreement for the internship
2. Second, to the applicant seeking the Associate in Applied Sciences degree of Paramedicine
3. Finally, by the EMS committee consensus decision based on a full review of all tied applicants

Tied accumulated selection criteria points, and subsequent program candidate selection, only becomes a factor when there are more applicants than seats available in the program.

Calculating EMS Faculty

Signature

Date

Reviewing EMS Faculty

Signature

Date



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Paramedic Application Review Process

Initial Review

Upon receipt of an application, a member of the EMS committee will begin initial review of the application. This review will be completed within three (3) weeks of application submission or application deadline (whichever occurs first). The primary selection criteria score will be determined based on submitted documentation, and the score will be sent to the applicant by email no later than twenty-two (22) days after application submission. In that same initial review timeframe, if an application is deemed to be incomplete, notification of the incomplete application will also be sent to the applicant via email.

Complete Applications

Complete applications will include at a MINIMUM the following documents:

- Paramedic Program Application (with active NSHE ID and valid email address)
- Copies of current/valid EMT/AEMT certificates/licensures
- Copy of the American Heart Association BLS Provider CPR Card
- EMS/Healthcare Experience Form
- Letter of Advising Meeting
- One Letter of Recommendation
- Official College Transcripts (demonstrating completion of pre-requisite course(s))

Additional form(s) and letter(s) may/must be submitted along with these minimum requirements as outlined for consideration on the application checklist and in under selection criteria.

Incomplete Applications

Applications missing one or more of the minimum forms above, will be marked incomplete. Notification of an incomplete application will be sent to the applicant via email within twenty two (22) days of application submission, or application deadline (whichever comes first). Incomplete applications will not be considered for Paramedic Program candidate selection unless there are less applicants than seats available in the program

Applicant Ranking/Candidate Selection

Once the application deadline has occurred, the EMS committee will schedule a meeting to review all applications. The review meeting will occur no more than three (3) weeks after the application deadline. At the review meeting, the EMS committee will review all initial selection criteria calculations for accuracy and rank applicants based on cumulative score. All ranking of applicants will be done according to the selection criteria outlined, no additional/subjective/anecdotal information about applicants will be used to determine the rank/admission of an applicant.

The highest ranked applicants will be selected for acceptance first, with all other complete applications being considered in rank order until all available positions in the program have been filled. Incomplete applications will only be considered after review and ranking of all complete applications. Applications which have outstanding pre-requisite coursework/certification will be scored based on submitted complete requirements, possibly resulting in a lower total selection criteria score.

At the conclusion of the EMS committee meeting, all accepted applicants will be notified by email of their acceptance, the program orientation date, and the courses in which to enroll. Applicants with outstanding pre-

requisite coursework/certification will be awarded contingent acceptance and will be required to provide proof of all in-progress requirements by the program orientation date.

Any applicants that were not selected for acceptance, will be notified of either the reason for their rejection or their rank and standing on the program waiting list should an accepted student decline admission. Any candidate who wishes to review their applicant selection documents and ranking, must submit a request in writing to the program director within three (3) weeks of their admission/rejection from the program.

Admission Acceptance

Once acceptance has been granted, candidates will notify the program director of their intent to enroll within one (1) week of the acceptance notification being sent. After one (1) week, the program director will assume a declination of acceptance has occurred, and will begin offering the program seat to the highest ranked applicants on the waiting list.

If all program seats have not been filled, additional applications will be considered on a first-come, first-served basis up until the program orientation date. Applications not received by the program orientation date, will only be considered if program seats remain, and at the explicit discretion of the Program Director.