Arkansas Northeastern College
EMS Paramedic Program
Pre-Paramedic Advising Checklist 2015-2016

Student Name: ____________________________________ Student ID #: _______________________

All Pre-Paramedic students are assigned the Nursing & Allied Health Advising Specialist to be their Advisor until they have been accepted into the Paramedic Program. The Advising Specialist may schedule both group and individual sessions with prospective Paramedic students to ensure College and EMS Admission guidelines are provided and explained. The EMS Director will be responsible for the selection and notification of students accepted into the Paramedic Program. It is the applicant’s responsibility to make sure that ANC receives all necessary applications, Immunization and required documentation as outlined in the Information Packet.

Once the following Pre-Paramedic Advising Checklist is completed, the Advising Specialist will submit to the EMS Department for inclusion in the student’s file.

1. **Complete admission requirements for enrollment into Arkansas Northeastern College.**
   - Complete ANC Application and submit to Admissions in the Registrar’s Office.
   - Submit a high school transcript or GED (with scores) to the registrar’s office and a copy to the Emergency Medical Services (EMS) Department at the ANC Main Campus.
   - Submit official transcripts from any college(s) previously attended to the registrar’s office for evaluation and unofficial copies to the EMS Department.
   - Complete placement testing (COMPASS, ASSET, ACT), submit copy to EMS Department.
   - Submit proof of Immunizations (including: MMR, Hepatitis B consent/waiver, TB skin test or chest x-ray) to Registrar’s Office and a copy to EMS Department, during orientation or the first day of class.

2. **Complete admission requirements for enrollment into the Paramedic Program.**
   - Meet with the Nursing & Allied Health Advising Specialist for advisement and review of Paramedic Program requirements and admission criteria.
   - Complete Application for Admission to the Paramedic Program and submit to ANC Main Campus, Attention EMS Director.
   - Read and sign understanding of the EMS Functional Ability Categories and submit with Paramedic Program Application for Admission.
   - Complete the Paramedic Fisdap Pre-admission Exam.
   - Have a cumulative 2.0 minimum grade point average on all college course work attempted, including transfer work and excluding developmental education courses. Must have ANC GPA of 2.0 or greater to graduate from ANC.
   - Attend scheduled mandatory orientation session by invitation.
     - Sign “Letter of Intent” to enter and enroll in the Paramedic Program.
     - Complete and submit the “Health Data and Medical History Form”.
     - Submit copy of valid driver’s license.
     - Submit current AHA Health Care Provider card.
     - Submit evidence current Arkansas EMT certification.
     - Submit evidence National Registry certification (if certified).
     - Review instructions for registering into the Paramedic Program.
     - Receive Textbook and supply list for EMT-Paramedic Program.
3. **Selection Process**
   It is the student’s responsibility to complete the requirements for admission and to submit the required information to the registrar’s office and/or Advising Specialist as noted. All applicants who have completed the general ANC application, the Paramedic Program application, submitted transcripts and immunization records, and meet all other minimum admission requirements will be invited to attend a scheduled mandatory orientation for prospective students. Applicants meeting admission criteria will be invited to sign a “Letter of Intent” signifying their intention to enter the ANC Paramedic Program. If there are more applicants that meet minimal admission criteria than seat availability, selection will be based on ranking applicants according to the Fisdap pre-entrance exam and GPA of previous College course work.

**Advising Comments:**

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**Upon completion of the EMT-Paramedic Advising Checklist, please sign as indicated.**

_____________________________________________________________________________________
Student Signature                           Advising Specialist Signature
_____________________________________________________________________________________
Date                                        Date

*Advising Specialist will submit completed Checklist to the EMS Department for inclusion in student’s file.*