

# Admissions Requirements for the Black Hawk College Paramedic Program

## 2025



**Please read this entire packet carefully &  
follow the step-by-step instructions.**

**THIS PACKET IS FOR PARAMEDIC STUDENTS ONLY**

**Application Deadline:**

**Friday July 11<sup>th</sup> at 5:00 PM**

**Classes run August 2025 through May 2026**

*Applications should be turned into Stephanie Gray at the Health Sciences Center on the third floor in the academic services office. If Stephanie is not in the office, there is a lock box outside of the academic services office for student health records.*

**Note:** Students are not officially accepted into this program until they have completed all health requirements and the criminal background check. Accepted students will receive an official acceptance letter from the Black Hawk College EMS Department.

## **PROGRAM INFORMATION DISCLAIMER**

This information packet is published for informational purposes; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice, requirements, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in the program information packet in accordance with BHC policies and procedures.

## **PROGRAM ACCREDITATION**

The Black Hawk College Emergency Medical Services Program is currently accredited by the Commission on Accreditation of Allied Health Education Programs. You can visit [www.coaemsp.org](http://www.coaemsp.org) to view our accreditation status. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). Further information regarding CAAHEP or CoAEMSP can be obtained by contacting:

### **Commission on Accreditation of Allied Health Education Programs (CAAHEP)**

25400 U.S. Highway North, Suite 158  
Clearwater, FL 33763  
Phone: 727-210-2350  
[www.caahep.org](http://www.caahep.org)

### **CoAEMSP**

8301 Lakeview Parkway Suite 111-312  
Rowlett, TX 75088  
Phone: 214-703-8445  
[www.coaemsp.org](http://www.coaemsp.org)

## **PROGRAM PREREQUISITES**

- Illinois licensed Emergency Medical Technician (EMT), National Registry (NREMT) EMT Certificate, or other state EMT license with eligibility to be a licensed EMT in the state of IL.
- Acceptance into the Paramedic program.
- Current CPR Certification (American Heart Association BLS Provider)
- Completion of pre-admission testing with appropriate placement score OR successful completion of MATH 078 and COMM 100, ENG 101 or ENG 101C, **OR** approval of the EMS Program Director.

## **CRIMINAL BACKGROUND CHECK INFORMATION**

All student health care workers are required to undergo a criminal background check to function in clinical and field settings. A student with a positive background check containing disqualifying conditions as defined by Illinois State Law ([225ILCS46/25](#)) and 77 Ill Adm. Code 955 Section [955.160](#) will not be allowed to enter the program.

## **CRIMINAL BACKGROUND CHECK INSTRUCTIONS**

Background checks are completed by Viewpoint Screening. This is a third-party company that is not directly affiliated with Black Hawk College. It is important for the student to make sure that the email address is entered correctly. If the student enters an email incorrectly, they will be unable to log in or receive communications from Viewpoint Screening. To Begin, visit [viewpointscreening.com/bhc](#) and click on "Start Your Order". Select "Emergency Medical Services". Complete the requested information and pay the fees as required. Once your order is submitted, you will receive a confirmation email containing a password. Use this info to log into your account to review further instructions. Do not lose the password as you will need it to view your background report.

You will also receive an email from DCFS. Make sure you open the email and follow the specific directions. **Once completed, you will receive another email from DCFS stating "Pending Assignment". It is important that you forward the confirmation email to [grays@bhc.edu](mailto:grays@bhc.edu) so we can track you through the process.**

## **FALL COURSES**

### **EMS 201 Cognitive Paramedicine I (August-December)**

This course covers key topics including EMS systems, workforce safety and wellness, medical, legal, and ethical issues, as well as anatomy, physiology, pathophysiology, and patient assessment techniques. Other topics include pharmacology, airway management, and the treatment of respiratory, cardiac, neurological, and trauma-related emergencies. Emphasis is placed on critical thinking, communication, and documentation to prepare students for the clinical challenges they will encounter in the field. This lecture course forms the theoretical foundation for the practical skills developed in subsequent lab courses, ensuring students are well-prepared to provide high-quality care in pre-hospital settings.

### **EMS 203 Paramedic Psychomotor I (August-December)**

This is a hands-on lab course where students practice essential paramedic skills in a controlled environment. The course emphasizes safe practices, patient assessment, and clinical decision-making. Students will refine skills such as intravenous and intraosseous access, medication administration, airway management, and advanced trauma procedures. Leadership and teamwork are key components, with students gaining experience in both team member and team leader roles. The course also covers 12-lead EKG interpretation, cardioversion, defibrillation, and transcutaneous pacing, alongside BLS and ALS trauma skills. Throughout, students will focus on professional behaviors like communication, patient advocacy, and cultural competency to provide compassionate, high-quality care.

### **EMS 205 Paramedic Internship I (August-December)**

This is a hands-on clinical and field internship designed to provide students with real-world experience in patient care. Through 250 hours of direct clinical practice, including time in the Emergency Department, Respiratory Therapy, and Field Internship, students will apply classroom knowledge to assess and treat patients in dynamic, high-pressure environments. Students will refine their ability to safely perform psychomotor skills, make critical clinical decisions, and develop differential diagnoses in both medical and trauma cases. Emphasis is placed on applying evidence-based practices, adhering to safety protocols, and ensuring accurate documentation of assessments and interventions. In the field, students will work alongside experienced paramedics to deliver care, administer medications, and manage patient care across various settings. Professional behaviors, including integrity, empathy, teamwork, and cultural competency, are emphasized throughout the internship, preparing students to perform as entry-level paramedics upon program completion.

## SPRING COURSES

### **EMS 211 Cognitive Paramedicine II (January-May)**

This course builds upon the foundational knowledge gained in the previous lecture course (EMS 201), expanding students' understanding of medical emergencies across the lifespan and in special populations. This course covers a broad range of topics, including diseases of the ear, nose, and throat (ENT), hematology, immunology, infectious diseases, and endocrinology. Students will also explore abdominal, environmental, and obstetric emergencies, as well as pediatric and geriatric care, with an emphasis on providing appropriate care for patients of all ages. The course delves into EMS operations, including mass casualty incidents, incident management, and the unique challenges of hazmat and terrorism response. Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) principles will also be integrated. Additionally, students will review key program content to ensure readiness for the National Registry of Emergency Medical Technicians (NREMT) Paramedic examination.

### **EMS 213 Paramedic Psychomotor II (January-May)**

This is an advanced lab course that focuses on the application of paramedic psychomotor skills in high-pressure, real-world scenarios. Students will refine their patient assessment, differential diagnosis, and treatment planning skills while enhancing their ability to function as both team members and team leaders in emergency situations. Key areas of focus include newborn delivery (normal and complicated), neonatal and pediatric resuscitation, and managing mass casualty incidents. Students will practice triage techniques and apply Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) principles in various emergency settings. Throughout the course, students will continue to develop leadership skills, ensure the safety of all personnel, and maintain professionalism, compassion, and cultural competency in patient care. At the end of the course, summative evaluations will assess students' competency in performing critical skills and their readiness to perform as an entry level Paramedic.

### **EMS 215 Paramedic Internship II (January-May)**

This course is designed to immerse students into real-world paramedic practice. With 250 hours of hands-on experience, including time in the Emergency Department, Miscellaneous Clinical settings (ER, OR, OB, ICU), Field Internship, and a Capstone phase, students will demonstrate their ability to lead and manage patient care in dynamic, high-stress environments. During the internship, students will apply critical thinking and advanced clinical skills to assess patients, develop differential diagnoses, and implement evidence-based treatment plans. Emphasis is placed on performing as a team leader, managing patient care with minimal assistance, and making independent, high-level clinical decisions. Students will also hone their ability to administer medications, manage complex medical and trauma cases, and provide high-quality documentation. Throughout this course, students will focus on professionalism, leadership, and the integration of ethical practices in patient care. By the end of the internship, students will be prepared to transition into entry-level paramedic roles with the skills, knowledge, and confidence needed to deliver effective, compassionate care in both clinical and field settings.

## **A NOTE TO APPLICANTS**

Completion of the steps of the application process in an organized and complete manner is an example of one's ability to follow directions and to give attention to detail. These abilities are crucial in emergency care of the sick and injured.

In addition, the application process is an exercise that requires meeting deadlines and following through on tasks. Maturity, accountability, and self-motivation are crucial to success in any challenging endeavor, such as this program. Please read the application instructions thoroughly and complete the required steps accordingly.

After reading this document in its entirety, ask questions, if necessary, to ensure that you are a strong candidate for the program.

Finally, please make certain to use personal insight when carefully reading the above lists of abilities and tasks to ensure that you can fully meet program and career expectations. If you have reservations, please talk with college career counselors.

## **HEALTH RECORDS**

Health records are only accepted in paper format. They must be turned into Stephanie Gray at the Health Sciences Center on the third floor in the academic services office. If Stephanie is not in the office, there is a lockbox outside of the academic services office for student health records. Emailed copies of health records **WILL NOT** be accepted.

### **Health History Form**

This form is included in the packet. Please complete, sign, and date the form. Turn this form in with all other health records.

### **Physical Exam**

This form is included in the packet. It must be completed by a Physician or Nurse Practitioner. The physical exam must be completed on the official form that is provided in this packet.

### **QuantiFERON Gold TB Test**

This TB test is a **blood draw**. The TB Skin test will **NOT** be accepted. The blood draw must be within 6 months of the program application. Most labs will require a Physician's order for the blood draw. It is recommended that the student requests this at their physical screening with their Physician. Students with a positive TB reading must have dated documentation of a negative chest x-ray.

### **Tetanus, Diphtheria, and Pertussis (Tdap)**

The student must maintain record of a vaccine no older than **10 years**.

### **Mumps, Measles, and Rubella (MMR)**

The student must show documentation of **TWO** immunizations **OR** date of a titer showing immunity for Mumps, Measles, and Rubella.

### **Varicella (Chicken Pox)**

The student must provide documentation of the vaccine **OR** if the student answered "Yes" to having Chicken Pox in the health history form, they must submit a titer showing immunity.

### **Influenza (Seasonal Flu Shot)**

The student must maintain record of a current annual vaccine **OR** sign a declination form. The influenza declination form is included in this packet.

### **Hepatitis B**

The student must provide record of a completed series, provide a dated titer, **OR** sign a declination form. The Hepatitis B declination form is included in this packet.

### **COVID 19**

The student must provide record of vaccination **OR** sign a declination form. The COVID 19 declination form is included in this packet.

Students with questions about health records should reach out to **Stephanie Gray**.

**Email:** grays@bhc.edu    **Phone:** 309-796-5357

## **Application Points System**

This procedure is part of the application process. These points will be used to assist in determining the program participants that are most likely to succeed. The greater the number of points achieved, the greater the opportunity for acceptance.

Being awarded all the points does not guarantee acceptance. To obtain these points, supporting documentation will need to be included in your application.

Each applicant will be awarded two **(2)** points for the following by the application deadline:

1. Proof of current employment with an **EMS** agency (Ambulance Service, Fire Department, or Military).
2. Proof of an associate degree, bachelor's degree, or master's degree.

Each applicant will be awarded one **(1)** point for the following by the application deadline:

1. Proof of honorable military service (DD-214 with honorable discharge, current military ID and letter from your commanding officer).
2. Proof of being an active member of a volunteer EMS agency (Ambulance Service or Fire Department).
3. Completion of pre-admission testing with appropriate placement scores in Math, English, and Reading.
4. Proof of completion of a college-level Medical Terminology course.
5. Proof of completion of a college-level A&P course.

# **Important Dates**

**Applications Due:** Friday, July 11<sup>th</sup>

Students are required to attend one of the mandatory orientation sessions. Applications **MUST** be complete to attend orientation. Oral interviews will be conducted immediately after orientation on each date. Oral interviews will be scored in combination with application review and preference points.

**Orientation Session 1:** Monday July 14<sup>th</sup> 9:00 AM

**Orientation Session 2:** Wednesday July 16th 9:00 AM

**Orientation Session 3:** Friday July 18th 9:00 AM

**Classes Begin:** Monday, August 25<sup>th</sup>

# STUDENTS MUST COMPLETE THE FOLLOWING STATEMENTS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Chicken Pox Immunity

Have you had Chicken Pox? Yes / No

If you are a parent, have any of your children had Chicken Pox? Yes / No

\*If you gave a negative history to Chicken Pox, then the Varicella Zoster antibody should be drawn, or the VZ vaccine should be taken (2 injections within a 4-8-week period)

**Are you currently taking any medications?** If yes, what medication(s)? For what?

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**Do you have any physical or emotional problems that faculty should be aware of?** If yes, please explain.

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## Do you have any sensory limitations?

Hearing: Yes / No

Corrections Utilized: \_\_\_\_\_

Vision: Yes / No

Corrections Utilized: \_\_\_\_\_

In compliance with the Americans with Disabilities Act, Black Hawk College does not discriminate on the basis of disability in the administration of its educational policies admission policies, student aid and other college administered programs nor in the employment of its faculty or staff. The skills listed below are essential requirements for this program.

## Technical Abilities Required by Health Programs

1. Perform a full range of body movements including handling and lifting patients and moving, lifting, or pushing heavy equipment.
2. Bend, reach, pull, push, stop, and walk repeatedly throughout a 12-hour period.
3. Demonstrate visual ability to read small letters and numbers on gauges or medication vials (with correction, if needed)
4. Demonstrate the auditory ability to auscultate heart/breath sounds with a stethoscope (with correction, if needed)
5. Demonstrate bilateral upper extremity fine motor skills, including manual and finger dexterity and hand eye coordination.
6. Communicate in a rational and coherent manner both orally and in writing with individuals of all professions and social levels.
7. Respond quickly and in an emotionally controlled manner in emergency situations.
8. Adapt to irregular working hours.
9. Adapt effectively to environments of high tension, particularly in critical care areas.
10. Maintain composure when subjected to high stress levels.

Working in the health field involves an assumption of risk. If the student, after appropriate instruction, follows correct protocol, procedures, and policies, the risk of injury or illness is very minimal. Should an incident or illness occur, the student assumes responsibility for testing, treatment, and any other expenses.

I have read the above technical abilities required by health programs and the statements above hereby represent that I can effectively and safely perform job responsibilities and tasks assigned to students. I completed the information to the best of my knowledge. I understand any falsification or misrepresentation will be sufficient grounds for my dismissal from the program.

In reading and signing this form, I acknowledge the fact that Black Hawk College does NOT provide medical or hospital insurance for me as a student. Working in the health field involves an assumption of risk. If the student, after appropriate instruction follows correct protocol, procedures, and policies, the risk of illness or injury is very minimal. Should an incident or illness occur, the student assumes responsibility for testing, treatment, and all other expenses. I understand that I am assessed an annual professional liability fee that is part of my lab fee.

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Signature of Student

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Date

**BLACK HAWK COLLEGE**  
**EMS Student Physical Exam**  
*\*To be completed by Health Care Provider*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

BP: \_\_\_\_ / \_\_\_\_ P: \_\_\_\_ R: \_\_\_\_ T: \_\_\_\_ Height: \_\_\_\_ft \_\_\_\_in Weight: \_\_\_\_\_

	Normal	Abnormal/Comments
General Appearance		
Head/Neck		
Eyes		
Ears		
Nose		
Throat		
Lungs		
Heart		
Breasts		
Abdomen		
Genitourinary		
Musculoskeletal		
Back/Extremities		
Skin		

**Is this individual physically able to provide EMS care to patients?** \_\_\_\_\_ yes \_\_\_\_\_ no

Is individual able to perform a full range of body motion including handling and lifting patients, and moving, lifting, or pushing heavy equipment.  yes  no

Is individual able to bend, reach, pull, push, stop, and walk repeatedly throughout an eight-hour period.  yes  no

Is individual able to demonstrate visual acuity to read small letters and numbers on gauges (with correction, if needed).  yes  no

Is individual able to demonstrate auditory acuity to hear breath/heart sounds by stethoscope (with correction, if needed).  yes  no

Is individual able to demonstrate bilateral upperextremity fine motor skills, including manual and finger dexterity and eye-hand coordination.  yes  no

Is individual able to communicate in a rational andcoherentmannerbot1 orally and in writing with individuals of all professions and social levels.  yes  no

If no to any of the statements above, please explain:

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Name of Examiner - Please Print

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Signature

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Date



## COVID DECLINATION

The undersigned, being a student at Black Hawk College in a Healthcare related program, states:

- 1) I understand that due to my healthcare clinical exposure, I may be at risk of acquiring COVID.
- 2) I understand that by declining the highly recommended vaccine, I continue to be at risk of acquiring COVID, a serious disease.
- 3) I am aware of the above and know that I may opt to take the vaccine anytime if I decide to do so.

***I, the undersigned, do hereby, of my own free will, decline to take the vaccination recommended to me.***

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

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

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

Witness: \_\_\_\_\_



## INFLUENZA DECLINATION

The undersigned, being a student at Black Hawk College in the EMS or Paramedic program, states:

- 1) I understand that due to my healthcare clinical exposure, I may be at risk of acquiring influenza.
- 2) I understand that by declining this highly recommended vaccine, I continue to be at risk of acquiring influenza, a serious disease.
- 3) I am aware of the above and know that I may opt to take the vaccine anytime if I decide to do so.

*I, the undersigned, do hereby, of my own free will, decline to take the vaccination recommended to me.*

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

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

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

Witness: \_\_\_\_\_



## **HEPATITIS B DECLINATION**

The undersigned, being a student at Black Hawk College, states:

- 1) I understand that due to my clinical exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection.
- 2) I am aware of the OSHA standard covering Bloodborne Pathogens.
- 3) I understand that by declining this highly recommended vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.
- 4) I am aware of the above and know that I may opt to take the vaccine anytime if I decide to do so.

***I, the undersigned, do hereby, of my own free will, decline to take the vaccination series recommended to me.***

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

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

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

Witness: \_\_\_\_\_

**BLACK HAWK COLLEGE  
PARAMEDIC PROGRAM  
APPLICATION**

**Personal Information**

Last Name:	First Name:	Middle Name:
Address:		Apartment/Unit #:
City:	State:	Zip:
Home Phone: (        )	Cell Phone: (        )	
Email Address:		
Date of Birth:	Social Security #:	
Have you ever been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	

**Emergency Medical Technician Information**

Current Level of Licensure or Certification:	State of Licensure or Certification:
State EMT Number:	Expiration Date: (Must be valid throughout entire course):
National Registry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:
CPR Certification <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Instructor or Trainer	Expiration Date: (Must be valid throughout entire course):

Have you ever applied to a paramedic education program before?  Yes  No  
If yes, where, and when?

Have you ever attended a paramedic education program before?  Yes  No  
If yes, where and when?

What was the reason for dismissal from the paramedic education program?

List all EMT-B & healthcare experience, including dates and hours involved:

## Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	

If other than honorable, please explain:

## Education

High School:	Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
College:	Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
EMT Training:	Address:	
From:	To:	Grade:
Other Training:	Address:	
From:	To:	Certifications:

## Employment Background

Present Employer:	Description of Duties:	
Address:		
City:	State:	Zip:
Name of Supervisor:	Phone: ( )	
Dates of Employment:	Reason for Leaving:	

## Employment #2

Present Employer:	Description of Duties:	
Address:		
City:	State:	Zip:
Name of Supervisor:	Phone: ( )	
Dates of Employment:	Reason for Leaving:	

### Employment #3

Present Employer:	Description of Duties:	
Address:		
City:	State:	Zip:
Name of Supervisor:		Phone: (      )
Dates of Employment:		Reason for Leaving:

### Criminal Background

Have you ever been **accused / convicted** of any crime  Yes  No

If Yes, give details, including year/age and whether the offense was a felony:

### Emergency Notification Information

Last Name:	First Name:	
Address:		Apartment/Unit #:
City:	State:	Zip:
Home Phone: (      )	Cell Phone: (      )	Relationship:

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

\_\_\_\_\_  
Date