



Darton College of Health Professions



Emergency Medical Services

Education Program

APPLICATION PACKET

EMERGENCY MEDICALSERVICES

Application Procedures

I. APPLY TO ALBANY STATE UNIVERSITY

- A. Submit the ASU Application to the Admissions Office. The application fee has been waived.

An online version of the application is available at <https://www.asurams.edu/admissions/how-to-apply/>.

**** List 0589 (AEMT) or 0566 (EMT-P) as the code for
“proposed college major”****

If you are a returning Darton student, then you simply contact ASU – West Campus Admissions (229-317-6740) and have them reactivate your file.

- B. Request that your high school send your official transcript to ASU or submit GED Equivalency Certificate to Admissions Office.
- C. Request that **official** transcripts from any college or technical school that you have attended be sent to ASU. If you have completed 30 or more semester hours of college transfer credit (not including Learning Support courses), it is not necessary to submit a high school transcript.
- D. Please visit <https://www.asurams.edu/admissions/undergrad-admission-requirements/> to learn the admission requirements. To set up a placement exam go to https://www.asurams.edu/testing/placement_tests.php. This link will also give you information for preparation.
- E. Though not required, students who take the Scholastic Aptitude Test (SAT) and score 430 or higher on the verbal portion and 400 or higher on the math portion (or 17 or higher on the verbal portion of the American College Test (ACT) and 17 or higher on the math portion) may be admitted without taking the Compass Exam.
- F. Complete the Darton College of Health Professions Immunization form. Take the **ENCLOSED IMMUNIZATION FORM** to your local health department or personal physician for completion. You will need to turn in a **COPY** of the **Immunization Form** with your **Admissions Application**. Turn in the **Original Immunization Form** with your **EMS Program Application**.
- G. Go to <https://fafsa.ed.gov/> and complete the (FAFSA) Free Application for Federal Student Aid. Even if you do not think you will be eligible for PELL, completing this process is required so the financial aid office can determine your HOPE eligibility. The FAFSA paperwork is also required for student loans.

II. FINANCIAL AID APPLICATION

Students may be eligible for the HOPE Grant as long as (1) the declared major is the Emergency Medical Technician Certificate Program 0589 or 0566, (2) have not been convicted of a felony, (3) have not used all HOPE dollars, or (4) have not defaulted on any student loans. After acceptance to ASU, the student should begin the process for financial aid (317-6746) **as soon as possible.** Please see the online financial aid information at <https://www.asurams.edu/financial-aid-home/>. Students will need to apply for the FAFSA to receive the HOPE Grant.

III. STUDENT HEALTH INSURANCE **

It is the policy of University System of Georgia (USG) that all students of Health Science Programs are required to have student health insurance that meets the minimum standards as set by the USG. Students who are not covered by a policy held by a parent, spouse, company or organization on the approved waiver list or if the policy does not meet the minimum standards must purchase the USG SHIP policy. Students who are already covered by an insurance policy can easily opt out of the plan through a secure on-line process. Once the information has been verified, all charges will be waived. Students who fail to submit creditable health insurance information will automatically be enrolled in and billed for the system-wide student health insurance plan. Check with the Business and Financial Services Department (229-317-6717) for the exact deadline dates for submitting a waiver. The waiver period at our institution is strictly enforced.

**This is done after the semester starts and must be repeated each semester.

**EMERGENCY MEDICAL SERVICES PROGRAM
APPLICATION CHECKLIST**

For admission into the Darton College of Health Professions EMS program, the following must be completed prior to the beginning of the Semester for which you intend to enroll.

I. ASU Enrollment Process

- a. Admit/Re-admit application
- b. Entrance Exam (may be exempt)
- c. Copy of Darton College of Health Professions Immunization Form
- d. Federal Aid Applications (HOPE / PELL /FAFSA)
- e. Verification of Lawful Presence (See <https://www.asurams.edu/admissions/how-to-apply/>)

In addition to meeting the requirements for general college admission, prospective EMS students must submit the following information to their Emergency Medical Service Program advisor:

II. Darton College of Health Professions EMS Program Application Process. *Please submit your EMS Program application as soon as possible.*

- a. Complete the enclosed/attached EMS Program application.
- b. Copy of Driver's license
- c. Copy of your high school diploma or GED equivalency certificate
- d. Unofficial Transcript(s)
- e. **Original** Darton College of Health Professions Immunization Form

Please mail completed EMS application materials to:

Patricia Hotz
Emergency Medical Services Program
Darton College of Health Professions
ASU-West Campus
2400 Gillionville Rd.
Albany, GA 31707
229-317-6845 / 229-854-0800

OR

Rhonda Hunt
Emergency Medical Services Program
Darton College of Health Professions
ASU-West Campus
2400 Gillionville Rd.
Albany, GA 31707
229-317-6485 / 478-256-5495



Application: Emergency Medical Services Program

Please print neatly and accurately. Photocopying of the application is acceptable.

Course Interest:

- AEMT (This is the entry level EMS program)
Paramedic (Must currently be an AEMT or EMT-I)

Demographic Information:

Form with fields for Name, Social Security #, Date of Birth, Address, Home Phone #, City, State, Zip, Cell Phone #, E-mail, and Polo Shirt Size.

Briefly list any medical and/or emergency services experience:

Large empty box for listing medical and/or emergency services experience.

I have read the above information and understand the application process. I further understand that any failure on my part to comply with these regulations will result in the cancellation of my application.

Signature

Date

ALL APPLICATION PACKETS WILL BECOME THE PROPERTY OF DARTON COLLEGE OF HEALTH PROFESSIONS.

Student Immunization/Medical Screening Record

Last name First Middle

Address

Instructions: The Healthcare Provider reviewing the students’s immunization records or providing the vaccinations should record the exact dates each immunization/titer was received. This form, with other Orientation materials, is required as a pre-requisite to beginning clinical rotations.

IMMUNIZATION	DATE	DATE	DATE	DATE	REQUIREMENTS & RECOMMENDATIONS
Tuberculin Skin Test					Annual proof of negative TST within 12 months OR if the person has a history of a positive TST, a chest X-ray report is required.
Measles/Mumps/Rubella				Titer	Documentation of 2 MMR vaccines OR a MMR titer validating immunity. (It is recommended that the titer be drawn at least 6 months prior to starting rotations so that vaccinations can be completed if titer does not validate immunity.)
Varicella (Chicken Pox)				Titer	Documentation of 2 Varicella vaccines OR a Varicella titer validating immunity. History of the disease does NOT meet the requirements. (It is recommended that the titer be drawn at least 6 months prior to starting rotations so that vaccinations can be completed if titer does not validate immunity.)
Tdap					Tetanus/Diphtheria/Pertussis – One adult booster after 10 years. (Even if a Td has been received within the previous 5 – 10 years, a Tdap containing the Pertussis component is required.)
Hepatitis B Series				Titer	Documentation of all 3 vaccinations in the Hepatitis B series. (Students may begin clinical rotations after the first vaccine in the series has been administered. Students who fail to adhere to the vaccination schedule will be removed from clinical rotations.)
Season Flu Vaccination					Students must provide proof that the current year’s Influenza vaccination has been completed by October 31 st of each academic year.

(**Individual clinical site may impose addition immunization requirements**)

Name of Clinic or Agency

Contact Information of Provider (Telephone/Email)

Print Name of Healthcare completing the review/validation

Date

Signature of Provider/Reviewer