



Intensive Care Paramedic Program Application For Programs Beginning Fall 2010

Information on this application will override any conflicting information

This application is for the 1 year day 2 year night program

PERSONAL DATA – All ICP correspondence will be mailed to this address:

NAME: _____ STINGER ID: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WORK PHONE #: _____ HOME/CELL PHONE #: _____ E-MAIL: _____

This application is for: Diploma Associate in Science Degree

DEADLINE

**Tuesday,
June 15, 2010**

Everything **MUST** be received by RCTC Paramedic Academic Advisor prior to 4:30 p.m. the day of the deadline. Late applications, transcripts, and/or supporting documentation will **NOT** be considered.

ICP ADMISSION REQUIREMENTS

All 5 prerequisites must be successfully completed prior to the admission deadline

Elementary Algebra –College Level

- Assessment placement into MATH 0099 or higher (you **MUST** attach test results to this application); **OR**
- Earned at least a “C” in MATH 0098 or higher or equivalent

School where you completed the algebra requirement: _____ Semester / Year: _____ Grade: _____

College composition

- Earned at least a “C” in ENGL 1117 or higher or equivalent

School where you completed the English requirement: _____ Semester / Year: _____ Grade: _____

Completed Emergency Medical Technician (EMT 1200 or equivalent)

- Attach a copy of your current National Registry EMT card **AND** write your certification number _____ **AND/OR**
- Attach a copy of your current state EMT card **AND** write the issuing state _____ **AND** certification number _____

School where you completed your original EMT Course: _____ Semester / Year: _____ Grade: _____

Current CPR card

- Attach current (within the last 12 months) CPR card. Must be American Heart Association Healthcare Provider **OR** American Red Cross CPR for the Professional Rescuer

Patient contacts

- Attach verification of 50 quality patient encounters as a primary care giver preferably in the pre-hospital setting. Verification must be from an EMS supervisor or medical director (RCTC reserves the right to verify this via phone).

Employer or organization where you practice as an Emergency Medical Technician _____

PREVIOUS COLLEGE EXPERIENCE

College Name	Major	Dates Attended	Degree/Credits Earned

Important: Attached a transcript from each college and/or an RCTC Degree Audit Report showing the transfer of credits to RCTC.

This application is valid for the year in which you have applied. It is the student’s responsibility to reapply.

TRANSFER STUDENTS

- Submit final official transcripts from **ALL** previously attended colleges and, if needed, high school.
 - Your most current final official transcripts need to be on file at RCTC prior to the admission deadline.
- If a course is questionable, ALWAYS submit a detailed course syllabus (usually an issue with the algebra requirement).
 - If necessary, submit placement test results from other colleges.
- If your major is something other than ICP, your transfer evaluation may not be correct.
 - You may request, at Admissions, to have your major changed and your transcripts re-evaluated for ICP.

TRANSCRIPTS

- Only OFFICIAL transcripts will be considered.
 - Please request that the high school or college(s) mail the transcripts(s) directly to RCTC.
 - If delivered by you, final official transcript(s) MUST be sealed in an envelope from each school.
- UNOFFICIAL and INCOMPLETE transcripts will NOT be considered.
 - Faxed transcripts are unofficial.
 - A broken or tampered envelope seal is unofficial
 - Missing grade, **grades of incomplete "I"** and missing graduation dates, will be deemed incomplete.
- Evaluation of credits is based on receipt of official transcript(s) and is done automatically. Upon completion, a degree audit report (DARS) will be mailed to you. Please allow 4 weeks from the date we receive your official transcript(s).

ADMISSION PROCESS

- Each completed application will be ranked based on an academic point structure. Points will be awarded for previous college experience. Cumulative GPA will be used in the event of a tie.

INFORMATION UPDATES

- Please contact Sara.Kling-Punt@roch.edu with any contact information updates.
 - All correspondence will be sent to the information you provided on the front of this form.
 - Please print clearly (especially e-mail addresses).
- Every applicant will receive an admission status letter prior to August 3, 2010.
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ADDITIONAL RESOURCES

ICP Advising/Application/Admissions Questions: Sara.Kling-Punt@roch.edu
ICP Program Web site: <http://www.rctc.edu/catalog/overviews/icp.html>
Online Catalog: <http://www.rctc.edu/catalog/courses/index.html>

STATEMENT OF UNDERSTANDING

By signing below, I agree to the following:

1. I have an active admission status at RCTC **AND** I am in Good Standing with the college and its partners.
2. I have submitted final official transcripts from **ALL** previously attended colleges and, if needed, high school*
3. I have carefully read and understand the ICP Program Sheet and this application.
4. If information is missing from my file, it will **NOT** be requested and I will **NOT** be admitted to the ICP Program
5. All applicants will be notified of admission status prior to August 3, 2010.
6. **Incomplete applications will not be accepted.** (Blank line = incomplete application) Please initial here _____ ↩

Signature: _____ Date: _____

* A final official high school transcript is required by RCTC for admission to the college.

**Return this application to:
Rochester Community and Technical College
Paramedic Academic Advisor
851 30th Avenue SE, Box 59
Rochester, MN 55904**