Dear Prospective Applicant,

Thank you for your interest in The Quapaw Nation Fire/EMS Emergency Medical Technology (EMT) Program. Enclosed is the information you requested. I am very pleased to be able to send this information to you, and hope that it answers all of your questions about the EMT Program as well as selected admissions process.

The Quapaw Nation Education Program has a long and proud tradition of offering excellence in emergency medical services education and training. The EMT Program’s mission is to develop entry-level emergency medical service providers with a concentration on clinical competence and the general education courses that lead to a well-rounded, critically thinking advanced pre-hospital life support provider.

Our graduates are working as providers, supervisors, administrators, and educators locally with many of them advancing to a Paramedic degree and obtaining additional healthcare provider credentials.

Classes are held at The Quapaw Nation Fire/EMS Station 1 located at 6300 S. Hwy 69A, Miami, OK. Class sessions are conducted two days a week: Monday and Thursdays from 5:30PM – 9:30PM with additional scheduled clinical experience throughout the program.

Instructors for the EMT Program are currently practicing basic and advanced pre-hospital life support providers, many of whom have full-time assignments with the Quapaw Nation Fire/EMS department as well as other jurisdictions and organizations. All instructors have many years of basic and advanced life support education and training.

We are supported clinically by some of the major medical institutions within the area, including but not limited to Integris Health Baptist Regional and Integris Health Grove General.

Students who are enrolled in the Quapaw Nation EMT Program, who are also members of a local Fire/EMS service and/or Indian Tribe *MAY* qualify for tuition reimbursement or scholarship through your agency or tribe of affiliation. These scholarships are available on a limited basis. The EMT Course is a flat fee of $1,000. This amount covers all fees for the course such as books, laboratory material, EMT student apparel, instructor fees and more.

Please read the information contained in this package carefully, and if you still have questions, please feel free to contact the Training Department at 918-675-4200

On behalf of the Quapaw Nation Fire/EMS EMT Program faculty and staff, thank you for your interest, and we hope to see you in the classroom soon!

Sincerely,

Quapaw Nation Fire/EMS Staff

918-675-4200 office

**Application Information and Instructions**

Thank you for your interest in the Quapaw Nation EMT Program. This application is the first step in gaining acceptance into the EMT Program. Please look over the application before completing it, and call the Training Department if you have additional questions. The application and associated materials must be submitted and received **no later than September 05, 2019**. **Class begins September 16, 2019.** All application forms, biographical profile, recommendations and copies of certificates/licenses must be returned at the same time as one complete packet.

**General Information**

Enrollment in this program is limited by the availability of laboratory and clinical facilities. Graduates are employed by public, commercial and industrial EMS services, as well as a variety of health care facilities. Graduates are eligible for the National Registry of EMT’s certification and for Emergency Medical Services licensure through the State of Oklahoma.

**Program Eligibility Requirements**

Formal acceptance to The Quapaw Nation EMT Program must be granted prior to course begin date. In Addition to acceptance, applicants applying must meet the following specific requirements:

 \*Must be age 18 or older.

 \*Must have a high school diploma or G.E.D.

 \*Must have completed the application process.

Applicants with work-related experience (paid or volunteer) in a healthcare related, patient contact capacity will also be given preference.

Applicants must notify The Quapaw Nation Training Department of any changes in address, telephone or email contact information during the time of the applicant being considered for acceptance.

 **The Quapaw Nation is not responsible for lost, delayed or misdirected mail.**

To complete the application process, please submit your completed application package to:

Quapaw Nation Fire/EMS

6300 S HWY 69A Miami, OK 74354

**Application Process**

All of the materials in this application package must be submitted as one package.

 \*The EMT Data Sheet.

 \*The Biographical Profile. Write a biographical profile following the instructions on the form provided. This is one of the most important parts of the application package. This is your chance to tell the application review committee about yourself, and what makes you the best candidate for acceptance into the program.

 \*Professional Recommendations. Submit one (1) recommendation with this application on the form provided. For public service (paid or volunteer) applicants your recommendation must come from a senior EMS/Fire/Rescue/Police officer.

 \*Affiliation information.

\*A copy of a *CURRENT* Drivers License.

 \*A copy of any CDIB and Tribal affiliation card.

 \*A copy of an up to date immunization record and current TB skin test if possible.

**Acceptance in to the program**

Applicants whose applications are complete and who meet the minimum requirements for acceptance into the EMT Program will be notified of a date and time for a personal interview. Applicants who do not appear for this interview will not receive further consideration of their application.

Successful applicants to the EMT Program will be notified by phone, mail and/or email.

Applicants who are unsuccessful in gaining acceptance into the EMT Program will be required to submit a new and complete application to the program every year they apply.

All EMT Program students **must** have reliable transportation to class and assigned clinical sites: 24/7 access to a computer and a working email address.

**EMT Data Sheet**

PLEASE PRINT OR TYPE ALL INFORMATION.

Applying for Program Beginning January 2018:

Program Applying for: EMT

PERSONAL INFORMATION:

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

 Last First Middle

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be responsible for the course costs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an individual or institution other than the applicant will be responsible for the course costs a letter of approval from the responsible party **MUST** be submitted.

**AFFILIATION INFORMATION**

Are you currently an affiliated (member or employee) with an Oklahoma Fire/EMS provider organization? YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, complete the following:

Organization name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Position within the organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a member or employee of this organization?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many patient care contacts as a Fire, Rescue, EMR (First Responder) have you been involved in during the past year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you substantiate this number with written documentation or a letter from your supervisor if requested? YES\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you affiliated with any Indian Tribe? YES\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_

If *yes,* please list Tribe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL EXPERIENCE**

*If more than one high school, vocational school or college, please use additional pages as necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME OF INSTITUTION | MAJOR OF STUDY | DEGREE OBTAINED | DATES ATTENDED |
| HIGH SCHOOL |  |  |  |  |
| VOCATIONAL |  |  |  |  |
| COLLEGE |  |  |  |  |
|  |  |  |  |  |

**Certification/Re-certification Information**

EMR or First Responder Certification:

Year:\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Renewal:

Year:\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever held an EMT/EMT-B Certification? YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_

Original EMT-B Certification year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever completed a EMT/EMT-B Course and not obtained a certification?

YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_

If *Yes*, Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIOGRAPHICAL PROFILE**

Instructions: On a separate sheet of paper, applicants must provide an autobiographical profile which includes:

1. Reasons for interest in an Emergency Medical Technology career.
2. Past personal, educational and professional experiences that have provided preparation for admission to this EMT Program.
3. Influences that led you to the selection of the Quapaw Tribe EMT Program.
4. Future career goals.

No more than one page front and back, is necessary; all submission must be typed or word processed. Handwritten or printed submission of this document will not be accepted.

**PROFESSIONAL RECOMMENDATION**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print or type all information requested**

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have you known the applicant? (Please check as many as apply)

\_\_\_\_Teacher \_\_\_\_Colleague/Peer \_\_\_\_Supervisor \_\_\_\_Friend \_\_\_\_Other

If “other”, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well acquainted are you with this applicant’s performance and or experience as a pre-hospital provider? \_\_\_\_\_Very well \_\_\_\_Somewhat \_\_\_\_Slightly

Do you think the applicant is prepared to undertake the course of study for which he or she is applying? \_\_\_\_Definitely \_\_\_\_Probably \_\_\_\_Doubtfully \_\_\_\_Unknown

If you were in the capacity to hire this applicant as an EMT upon graduation, you would:

\_\_\_Definitely hire \_\_\_Probably hire \_\_\_Consider hire \_\_\_Not hire \_\_\_Can’t assess

**PROFESSIONAL RECOMMENDATION (CONTINUED)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please rate the applicant in the following areas: | Superior | Very Good | Average | Fair | Poor | Cannot Assess |
| Oral Communication Skills |  |  |  |  |  |  |
| Written Communication skills |  |  |  |  |  |  |
| Initiative/Motivation |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| Reliability/Dependability |  |  |  |  |  |  |
| Ability to work alone |  |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |  |
| Knowledge of applicant’s own limitations |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Attitude towards co-workers |  |  |  |  |  |  |
| Ability to learn on the job |  |  |  |  |  |  |
| Attitude toward work |  |  |  |  |  |  |
| Industry and perseverance |  |  |  |  |  |  |
| Attitude toward criticism |  |  |  |  |  |  |
| General academic ability |  |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |  |
| Ability to adapt to change |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**CRIMINAL BACKGROUND CHECKS AND DRUG TESTING**

Students who are accepted in to the Quapaw Tribe EMT Program will be required to participate in a criminal background check and/or drug testing. The student will be responsible for paying the fee for the background check and drug testing, and may be asked to provide a copy of the results to clinical sites. Additionally, the State of Oklahoma Department of Health Emergency Medical Services may also perform a criminal background check upon the student’s state licensing application.

Applicants are hereby notified that many state and national certification agencies will not grant a license or certification to individuals who have adverse findings in the criminal background checks or drug testing. Additionally, adverse results of the mandatory criminal background check or drug testing that prevent the Quapaw Tribe EMT Program from placing the student in any clinical practice site will result in the immediate and permanent dismissal of the student from the program.

Applicant Verification:

I verify that **ALL** information given on this application is accurate and complete to the best of my knowledge and is subject to verification. Incomplete or false information may be cause for denial of admission to the Quapaw Tribe EMT Program.

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

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

THE QUAPAW TRIBE DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, SEX, COLOR, AND NATIONAL ORIGIN OR HANDICAP IN ITS EDUCATION PROGRAMS OR WITH REGARD TO EMPLOYMENT. THE QUAPAW TRIBE FURTHER ENSURES THAT THE APPLICANT TO THE EMT PROGRAM WILL NOT BE DISCRIMINATED AGAINST ON THE BASIS OF PAST OR CURRENT HEALTH PROBLEMS OR HANDICAP, PROVIDED THAT NEITHER ENDANGERS THE WELL-BEING OF A PATIENT OR FELLOW STUDENT OR HINDERS THE APPLICANT’S ABILITY TO PERFORM THE FUNCTIONS REQUIRED OF AN EMT. CONSEQUENTLY, THE APPLICANT WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND MUST SUBMIT THE RESULTS BEFORE ENROLLMENT IN THE CLINICAL COMPONENT OF THE PROGRAM.