



## MSU Billings College of Technology Paramedic Program Competitive Selection Process

Applications will be accepted from June 1, 2012 through July 16, 2012 (no later than 4:00 p.m.). Student acceptance notification will be made by mail and e-mail within two weeks following the application deadline. Please submit applications by **certified mail** to MSU Billings College of Technology, Attention: Jeanie Ullman, 3803 Central Avenue, Billings, MT 59102 or submit in person to Room 226 in the College of Technology Health Sciences Building.

*Students must submit a complete application packet to include the following:*

- *Current NREMT certification*
- *Current AHA healthcare provider CPR certification*
- *Proof of program current immunization requirements*
- *Unofficial transcripts of prerequisite classes and education*
- *Documentation of patient care experience as outlined below*

Immunization requirements: You need to have documentation of immunity against mumps, measles, rubella (MMR), hepatitis B, diphtheria, tetanus, and proof that a tuberculosis skin test has been done within the last calendar year.

**1. Prerequisite Grades.** Points will be awarded based on the grade point average (GPA) of only the prerequisite semester courses (or equivalent transfer courses). **Maximum points: 5**

2.5 GPA: (0.5 point) 2.9 GPA: (2.5 points) 3.3 GPA: (3.6 points) 3.7 GPA: (4.4 points)  
2.6 GPA: (1 point) 3.0 GPA: (3 points) 3.4 GPA: (3.8 points) 3.8 GPA: (4.6 points)  
2.7 GPA: (1.5 points) 3.1 GPA: (3.2 points) 3.5 GPA: (4.0 points) 3.9 GPA: (4.8 points)  
2.8 GPA: (2 points) 3.2 GPA: (3.4 points) 3.6 GPA: (4.2 points) 4.0 GPA: (5.0 points)

Please Note: Students must have a 2.0 GPA and have a grade of C or better in all prerequisite classes to be accepted into the paramedic program.

**2. Education.** Points will be awarded for completion of specific education beyond the courses required for the paramedic prerequisite semester. **Maximum points: 4**

Anatomy & Physiology courses, 200 level or above (up to 1 point for two semesters of lecture and lab courses)

Associate's Degree from an accredited institution (2 points)

Bachelor's Degree from an accredited institution (4 points)

**3. Patient Care Experience.** Points will be awarded for specific patient care experience. The applicant must provide a detailed description and supporting documentation of patient care experience including the category (paid, volunteer, hospital/clinic), experience in months, the agency's name, address, contact person/supervisor and phone number for verification of patient care history. Applicants who embellish or falsify information will receive 0 points for experience. **Maximum points: 6**

**Paid Prehospital Patient Care (Not Volunteer) with**

- 12 months minimum part time/full time EMT experience (up to 4 points)
- 18 months of part-time/full-time EMT experience (up to 4.5 points)
- 24 months part time/full time EMT experience (up to 5 points)
- 30 months part-time/full-time EMT experience (up to 5.5 points)
- 36 months part time/full time EMT experience (up to 6 points)

**Volunteer Prehospital Patient Care (EMT, Fire, Ski Patrol) with**

- 12 months minimum experience (up to 1 point)
- 18 months experience (up to 1.5 points)
- 24 months experience (up to 2 points)
- 30 months (up to 2.5 points)
- 36 months experience (up to 3 points)

**Hospital/Clinic Patient Care with**

- 12 months minimum part-time/full time experience (up to 2 points)
- 18 months minimum part-time/full-time experience (up to 2.5 points)
- 24 months part time/full time experience (up to 3 points)
- 30 months part-time/full-time experience (up to 3.5 points)
- 36 months part time/full time experience (up to 4 point)

Please note: if you are not already an MSU Billings student, you must complete the application for admission and be accepted to MSU Billings before you can make application to this program. You may complete the application online or call 247-3000 to have an application mailed to you.



**MSU Billings College of Technology**  
Cover Letter Paramedic Program Competitive Selection Process

**Applicant Contact Information (Please Print)**

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

Address/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

**Documentation (Please Check All Documents That Are Included With Cover Letter)**

Copy of Current NREMT Card or Certification

Copy of Current AHA Healthcare Provider CPR Card or Certification

Copies of Program Current Immunization Requirements

MMR (Mumps, Measles, Rubella)

Hepatitis B

Diphtheria

Tetanus

TB Skin Test Within Last Calendar Year

Copy of Transcript – Prerequisite Classes

Copy of Transcript – Education (If Applicable)

Patient Care Experience (If Applicable)

Applicant must provide a typed, doubled-spaced, detailed description and supporting documentation of patient care experience including the category (paid, volunteer, hospital/clinic), experience in months, the agency's name, address, contact person/supervisor and phone number for verification of patient care history. Applicants who embellish or falsify information will receive zero points for experience.

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