

*Southern*



SOUTHERN WEST VIRGINIA COMMUNITY  
AND TECHNICAL COLLEGE

[www.southernwv.edu](http://www.southernwv.edu)

*APPLICATION FOR ADMISSION*  
ASSOCIATE IN APPLIED SCIENCE  
PARAMEDIC SCIENCE  
*Logan Campus*

2016 – 2017

Application is due no later than July 31, 2016  
Please read the application and follow all directions  
before submitting to the EMS Department

Katherine Deskins  
EMS Coordinator  
2900 Dempsey Branch Road  
Mount Gay, WV 25637  
Katherine.Deskins@southernwv.edu  
304.896.7316

**RETURN THIS PAGE**

**DIVISION OF HEALTHCARE AND BUSINESS PROGRAMS  
ASSOCIATE IN APPLIED SCIENCE  
PARAMEDIC SCIENCE  
2016 – 2017**

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street or Box City State Zip Code

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Mobile

Social Security Number \_\_\_\_\_ Southern ID S \_\_\_\_\_ E-mail \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street or Box City State Zip Code

Complete all Information that applies:

Emergency Medical Technician Certification Number \_\_\_\_\_

National Registry Certification Number \_\_\_\_\_

Years of Experience: EMT Level \_\_\_\_\_ Fire Service \_\_\_\_\_ ALS \_\_\_\_\_

Medical First Responder Yes \_\_\_ No \_\_\_ Expiration Date \_\_\_\_\_

Cardiopulmonary Resuscitation (CPR)  
American Heart Association \_\_\_\_\_ Expiration Date \_\_\_\_\_

HOSPITAL CLINICAL SITES REQUIRE AMERICAN HEART ASSOCIATION CERTIFICATION FOR CPR

ATTACH COPIES OF ALL CURRENT CARDS/CERTIFICATIONS TO THIS APPLICATION

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Have you had any action taken against your License or Certification or has it been suspended or revoked? Yes \_\_\_ No \_\_\_ If Yes a detailed explanation (computer generated or typed, written by you explaining the event, action taken, and current status) **MUST** be attached to this application.

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Have you **EVER or are you** currently abusing prescription or over-the-counter medication? Yes \_\_\_ No \_\_\_

Have you **EVER or are you** currently using illegal drugs? Yes \_\_\_ No \_\_\_

Have you **EVER** been treated or are you currently receiving treatment for prescription, over-the-counter or illegal drug abuse? Yes \_\_\_ No \_\_\_ If the answer to any of these questions is Yes you **MUST** attach a letter of explanation and a copy of the treatment/record or discharge summary, printed on the facility's letterhead, to this application.

**I verify and hereby affirm I have read and understood this application and Statement of Understanding.**

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

\_\_\_\_\_  
Printed Name of Applicant

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Date

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### CHECKLIST

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THIS APPLICATION WILL NOT BE ACCEPTED UNTIL THE FOLLOWING IS COMPLETE.

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2. \_\_\_\_ READ and understood the statement of understanding and the application.
3. \_\_\_\_ ATTACHED a copy of transcript(s) from **ALL** colleges and universities attended, other than Southern, to the Healthcare application in a sealed envelope.
4. \_\_\_\_ **ATTACHED a copy of Accuplacer Scores and/or ACT scores, if applicable, to the application. PLEASE NOTE...It is mandatory that you take the Accuplacer Exam (if no ACT scores) BEFORE you SUBMIT THIS APPLICATION. Call Student Services for an appointment.**
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6. \_\_\_\_ ATTACHED a **detailed** explanation, if applicable, of any action taken against certification/ licensure at any time.
7. \_\_\_\_ ATTACHED an explanation and a copy of all related court copies, if ever convicted of a felony, misdemeanor, pled nolo contendere, or have pending action to any crime, had records expunged or been pardoned or any other court related cases. The State Office of EMS will review these records along with the background check.
8. \_\_\_\_ ATTACHED a letter of explanation and a copy of the treatment/record or discharge summary printed on the facility's letterhead, if applicable, pertaining to any treatment for drug/alcohol abuse/dependency.
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**PROFESSIONAL CONDUCT**

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- criminal activities - e.g. DUI, misdemeanors, felonies
- substance abuse - e.g. manufacture, use, distribution, positive results on drug screen
- cheating/dishonesty
- harassment
- domestic violence
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**NOTE:** Disclosure of a criminal record does not automatically disqualify you from admission consideration.

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The College expects excellence in the performance of all its students. All prescriptive drugs must be disclosed to the program coordinator upon admission to the program and throughout the duration of enrollment. The College reserves the right to review a student's drug or controlled substance use occurring outside the College or College sponsored functions to the extent that such use affects the student's class or clinical performance or adversely impacts the College in any way. If the College initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the Division Head of Healthcare and Business Programs if you have any questions concerning this policy

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ASSOCIATE DEGREE - HEALTHCARE PROGRAMS  
STATEMENT OF UNDERSTANDING**

1. I understand that if I have never had classes at Southern before, I must submit an application to the college for admission by July 31, 2016. The college application may be completed and submitted online at [www.southern.wvnet.edu](http://www.southern.wvnet.edu)
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5. I understand that TRAVEL IS REQUIRED throughout all Healthcare programs and all arrangements and expenses are my responsibility. Travel may include parts of West Virginia and/or neighboring states.
6. Core Performance Standards will be used to assist each student in determining whether accommodations or modifications are necessary. The standards provide an objective measure upon which a student and the advisor base informed decisions regarding whether the student is qualified to meet requirements. Admission to a Healthcare program is not based on these standards.

If an applicant believes that he or she cannot meet one or more of the standards without accommodations or modifications, the institution will determine whether or not the necessary accommodations or modifications can be made reasonable, on an individual basis. PLEASE NOTE DUE TO THE NATURE OF EMS, SOME ACCOMMODATIONS CANNOT BE MADE.

Reasonable accommodation is defined by the ADA Act to include the following:

- a. making existing facilities...readily accessible to and usable by individuals with disabilities; and
- b. job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities

Issue	Standard	Some Examples of Necessary Activities (not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationships in clinical situations
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues
Communication	Communication abilities sufficient for interaction with others in verbal and written form	Explain treatment procedures, initiate health teaching, document and interpret actions and patient/client responses

Mobility	Physical abilities sufficient to climb, crawl, lift and any activity that is necessary for patient moving, treatment, and transport.	Move around scenes in which patient treatment is ongoing, field, hospital, and perform quickly and professionally.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care	Lifting and Moving patients and equipment.
Hearing	Auditory ability sufficient to monitor and assess health needs	Observe patient/client responses
Visual	Visual ability sufficient for observation and assessment.	Observe patient/client responses
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a IV catheter

7. I understand it is my responsibility once I am admitted to a Healthcare program to see that a completed, accurate physical exam form, (to be supplied by the Division of Healthcare and Business Programs), appropriate laboratory studies and a copy of a current American Heart Association Healthcare Provider CPR card are provided .
8. I understand once I am admitted to a Healthcare program I must sign an Authorization to Release Information Statement to the Division of Healthcare and Business Programs. This authorization includes, but is not limited to, release of any medical records or records relating to my physical, mental or emotional condition and any treatment rendered to me; any medical or hospital bills relating to my treatment; school transcripts or other records relating to my attendance at any school; employment information, including personnel and wage information; military or government service records; and any records of the West Virginia Workers Compensation Fund, Social Security Administration, Veterans Administration, West Virginia Department of Human Services, Department of Labor, and/or any felony or misdemeanor charges against me.
9. I understand criminal background checks, drug screening or other investigative activities are required. All cost of such background checks, drug screens and investigative activities shall be my responsibility. I further understand that clinical agencies may request the results of such background checks, drug screening or other pre-assignment investigative activities and may deny me access to their facilities.
10. I understand upon review of my application I may be denied admission to a Healthcare Associate Degree Program if I have been convicted of a felony or misdemeanor (other than a parking ticket). I also understand a criminal background check will be required at my expense. I am aware that if I fail to disclose any felony, misdemeanor, or plea of nolo contendere, any criminal record, or any pending court case, it will result in my immediate disqualification from the application process, and, if admitted, immediate dismissal from the Healthcare program for which I was accepted and I understand any future application to any Healthcare program at Southern will not be accepted. I further understand I must submit any information regarding any criminal record I may have to the Division Head Healthcare and Business Programs upon application to a Healthcare program and that this information will be evaluated to determine admission to a Healthcare program
11. I understand a drug screen is required and random drug screens may be performed. A positive or diluted drug screen will result in immediate dismissal from the program. I further understand any future applications to a Southern Healthcare program(s) will not be accepted.
12. I understand that if I have ever received, or am currently receiving, treatment for drug/chemical dependency, I must submit a copy of the discharge summary, printed on the facility's letterhead, and a letter of explanation to the Division Head Healthcare and Business Programs. Failure to comply with drug/chemical screen may result in dismissal from



the Healthcare program. I fully understand that a drug/chemical screen may be requested at any time either by the College, Healthcare faculty, or clinical agency if I display a questionable behavior.

13. I am aware that I may or may not be allowed to take the appropriate licensure/certification exam if I have been convicted of a felony or misdemeanor. Final determination is the responsibility of the licensing, certifying or regulatory agency.
14. I understand once I am admitted to a Healthcare program it is my responsibility to read and adhere to all policies and procedures of Southern West Virginia Community and Technical College's Catalog/ Handbook and the Program Student Handbook. All new students, students re-applying to the program or repeating a program course will adhere to the current program student handbook for that course/year.
15. I understand it is my responsibility once I am admitted to a Healthcare program I must finish within a specified period of time of the admission date. Failure to successfully complete the program within such specified time will result in dismissal. Any request for re-admission would be subject to new student admission requirements for that academic year and would require all program specific courses be repeated regardless of the previous grade.
16. I am aware that during any clinical rotation I may be assigned to day, evening, night and/or weekend shifts.
17. I fully understand that any proven cheating, misrepresentation, dishonesty, deceit, falsification or omission of information WILL result in immediate dismissal from any Healthcare program.
18. I understand applications are not held over from year to year and if I am not admitted I must re-apply.
19. I understand that letters of recommendation ARE required and WILL be used in the selection process.
20. I am aware the information provided will be kept confidential and this information will be used only for selection into a Healthcare program.
21. I understand that failure to provide any of the above information will disqualify my application for the Paramedic Program.
22. Advanced Placement Policy: It is the policy of the EMT/Paramedic program not to accept advance placement or transfer students. Students must complete the entire EMT/Paramedic curriculum through the Southern EMT/Paramedic program regardless of previous courses and/or certifications.

If any of the above statements are not fully understood, it is my responsibility to request clarification from the Division Head of Healthcare and Business Programs.

**THIS APPLICATION SUPERSEDES AND TAKES PRECEDENCE OVER ANY PREVIOUS  
APPLICATIONS AND IS VALID THROUGH JULY 31, 2016**

It is the policy of Southern West Virginia Community and Technical College to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, sexual orientation, disability, or national origin.

This nondiscrimination policy also applies to all educational programs, to admission, to employment, and to other related activities covered under Title IX, which prohibits sex discrimination in higher education.

Southern West Virginia Community and Technical College also neither affiliates with nor grants recognition to any individual, group or organization having policies that discriminate on the basis of race, sex, religion, age, sexual orientation, disability, or national origin. Inquiries on the implementation of the policy and/or Title IX Amendment should be addressed to:

**Affirmative Action Officer**

Mrs. Debbie Dingess, Director of Human Resources  
Southern West Virginia Community and Technical College  
P.O. Box 2900  
Mount Gay, WV 25637  
304.896.7408

**Title IX Coordinator**

Mr. Darrell Taylor,  
Director, Enrollment Management and Student Engagement  
Southern West Virginia Community and Technical College  
P.O. Box 2900  
Mount Gay, WV 25637  
304.896.7432

**ACCREDITING AGENCIES:**

**Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions  
CoAEMSP**

8301 Lakeview Parkway  
Suite 111-312  
Rowlett, TX 75088  
Phone: 214-703-8445 Fax 214-703-8992

**Southern West Virginia Community and Technical College:**

Higher Learning Commission of the Schools and Colleges  
230 South LaSalle Street, Suite 7-500  
Chicago, IL 60604-1413  
Phone: 312-263-0456/1-800-621-7440  
Fax: 312-263-7462  
[www.ncahlc.org](http://www.ncahlc.org)

***Applicable West Virginia EMS Code and Law*** State Code

Emergency Medical Services Act (WVC 16-4C)

Legislative Rule:

Emergency Medical Services (64CSR48)

Statewide Trauma/Emergency Care System (64CSR27)

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PARAMEDIC SCIENCE  
2016 – 2017**

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street or Box City State Zip Code

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Mobile

Social Security Number \_\_\_\_\_ Southern ID S \_\_\_\_\_ E-mail \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

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Complete all Information that applies:

Emergency Medical Technician Certification Number \_\_\_\_\_

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Years of Experience: EMT Level \_\_\_\_\_ Fire Service \_\_\_\_\_ ALS \_\_\_\_\_

Medical First Responder Yes \_\_\_ No \_\_\_ Expiration Date \_\_\_\_\_

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HOSPITAL CLINICAL SITES REQUIRE AMERICAN HEART ASSOCIATION CERTIFICATION FOR CPR

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22. Advanced Placement Policy: It is the policy of the EMT/Paramedic program not to accept advance placement or transfer students. Students must complete the entire EMT/Paramedic curriculum through the Southern EMT/Paramedic program regardless of previous courses and/or certifications.

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**THIS APPLICATION SUPERSEDES AND TAKES PRECEDENCE OVER ANY PREVIOUS  
APPLICATIONS AND IS VALID THROUGH JULY 31, 2016**

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Mrs. Debbie Dingess, Director of Human Resources  
Southern West Virginia Community and Technical College  
P.O. Box 2900  
Mount Gay, WV 25637  
304.896.7408

**Title IX Coordinator**

Mr. Darrell Taylor,  
Director, Enrollment Management and Student Engagement  
Southern West Virginia Community and Technical College  
P.O. Box 2900  
Mount Gay, WV 25637  
304.896.7432

**ACCREDITING AGENCIES:**

**Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions  
CoAEMSP**

8301 Lakeview Parkway  
Suite 111-312  
Rowlett, TX 75088  
Phone: 214-703-8445 Fax 214-703-8992

**Southern West Virginia Community and Technical College:**

Higher Learning Commission of the Schools and Colleges  
230 South LaSalle Street, Suite 7-500  
Chicago, IL 60604-1413  
Phone: 312-263-0456/1-800-621-7440  
Fax: 312-263-7462  
[www.ncahlc.org](http://www.ncahlc.org)

***Applicable West Virginia EMS Code and Law*** State Code

Emergency Medical Services Act (WVC 16-4C)  
Legislative Rule:  
Emergency Medical Services (64CSR48)  
Statewide Trauma/Emergency Care System (64CSR27)

*Southern*



SOUTHERN WEST VIRGINIA COMMUNITY  
AND TECHNICAL COLLEGE

[www.southernwv.edu](http://www.southernwv.edu)

*APPLICATION FOR ADMISSION*  
ASSOCIATE IN APPLIED SCIENCE  
PARAMEDIC SCIENCE  
*Logan Campus*

2016 – 2017

Application is due no later than July 31, 2016  
Please read the application and follow all directions  
before submitting to the EMS Department

Katherine Deskins  
EMS Coordinator  
2900 Dempsey Branch Road  
Mount Gay, WV 25637  
Katherine.Deskins@southernwv.edu  
304.896.7316

**RETURN THIS PAGE**

**DIVISION OF HEALTHCARE AND BUSINESS PROGRAMS  
ASSOCIATE IN APPLIED SCIENCE  
PARAMEDIC SCIENCE  
2016 – 2017**

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street or Box City State Zip Code

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Mobile

Social Security Number \_\_\_\_\_ Southern ID S \_\_\_\_\_ E-mail \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street or Box City State Zip Code

Complete all Information that applies:

Emergency Medical Technician Certification Number \_\_\_\_\_

National Registry Certification Number \_\_\_\_\_

Years of Experience: EMT Level \_\_\_\_\_ Fire Service \_\_\_\_\_ ALS \_\_\_\_\_

Medical First Responder Yes \_\_\_ No \_\_\_ Expiration Date \_\_\_\_\_

Cardiopulmonary Resuscitation (CPR)  
American Heart Association \_\_\_\_\_ Expiration Date \_\_\_\_\_

HOSPITAL CLINICAL SITES REQUIRE AMERICAN HEART ASSOCIATION CERTIFICATION FOR CPR

ATTACH COPIES OF ALL CURRENT CARDS/CERTIFICATIONS TO THIS APPLICATION

**RETURN THIS PAGE**

Do you currently or have you ever held other Licenses or Certifications in a Healthcare field? Yes \_\_\_ No \_\_\_ Copy of a **CURRENT** Certification and a valid Drivers License **MUST** be attached to this application.

Have you had any action taken against your License or Certification or has it been suspended or revoked? Yes \_\_\_ No \_\_\_ If Yes a detailed explanation (computer generated or typed, written by you explaining the event, action taken, and current status) **MUST** be attached to this application.

Have you **EVER** been convicted of a felony or misdemeanor or pled nolo contendere to any crime, had records expunged or been pardoned? Do you have any pending court cases? Yes \_\_\_ No \_\_\_ If Yes a detailed explanation (computer generated or typed, written by you explaining the event, action taken, current status, and lessons learned) **MUST** be attached to this application.

Have you **EVER or are you** currently abusing prescription or over-the-counter medication? Yes \_\_\_ No \_\_\_

Have you **EVER or are you** currently using illegal drugs? Yes \_\_\_ No \_\_\_

Have you **EVER** been treated or are you currently receiving treatment for prescription, over-the-counter or illegal drug abuse? Yes \_\_\_ No \_\_\_ If the answer to any of these questions is Yes you **MUST** attach a letter of explanation and a copy of the treatment/record or discharge summary, printed on the facility's letterhead, to this application.

**I verify and hereby affirm I have read and understood this application and Statement of Understanding.**

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

The State Office of Emergency Medical Services may deny eligibility to take certification examination and/or practice to individuals who have been convicted of a felony or misdemeanor and persons with drug/chemical dependency.

## RETURN THIS PAGE

### CHECKLIST

This checklist has been provided as a reference in the application process. Please mark each item with a check mark or N/A (non-applicable).

THIS APPLICATION WILL NOT BE ACCEPTED UNTIL THE FOLLOWING IS COMPLETE.

1. \_\_\_\_ APPLIED for admission to Southern West Virginia Community and Technical College.
2. \_\_\_\_ READ and understood the statement of understanding and the application.
3. \_\_\_\_ ATTACHED a copy of transcript(s) from **ALL** colleges and universities attended, other than Southern, to the Healthcare application in a sealed envelope.
4. \_\_\_\_ **ATTACHED a copy of Accuplacer Scores and/or ACT scores, if applicable, to the application. PLEASE NOTE...It is mandatory that you take the Accuplacer Exam (if no ACT scores) BEFORE you SUBMIT THIS APPLICATION. Call Student Services for an appointment.**
5. \_\_\_\_ ATTACHED a copy of **current** certifications, licenses and/or degrees, if applicable, to the application.
6. \_\_\_\_ ATTACHED a **detailed** explanation, if applicable, of any action taken against certification/ licensure at any time.
7. \_\_\_\_ ATTACHED an explanation and a copy of all related court copies, if ever convicted of a felony, misdemeanor, pled nolo contendere, or have pending action to any crime, had records expunged or been pardoned or any other court related cases. The State Office of EMS will review these records along with the background check.
8. \_\_\_\_ ATTACHED a letter of explanation and a copy of the treatment/record or discharge summary printed on the facility's letterhead, if applicable, pertaining to any treatment for drug/alcohol abuse/dependency.
9. \_\_\_\_ ATTACHED two professional letters of recommendation *with the application*.



**RETURN THIS PAGE**

**PROFESSIONAL CONDUCT**

The Southern West Virginia Community and Technical College along with Healthcare and Business programs strongly support the standards of the healthcare profession regarding the need for healthcare students to be persons of good moral character who demonstrate responsible behaviors.

Applicants are advised that their conduct before and after submitting their application to the Healthcare and Business Programs will be considered in the admission process. Conduct derogatory to the morals or standing of the Departments of Healthcare and Business Programs may be reason for denial of admission or dismissal from the program. Irresponsible behavior or conduct denoting questionable moral character will include, but not necessarily be limited to the following:

- criminal activities - e.g. DUI, misdemeanors, felonies
- substance abuse - e.g. manufacture, use, distribution, positive results on drug screen
- cheating/dishonesty
- harassment
- domestic violence
- discrimination
- breach of patient confidentiality

Students are advised that their conduct while students both on and off campus could result in dismissal from the program.

**NOTE:** Disclosure of a criminal record does not automatically disqualify you from admission consideration.

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

## **READ AND KEEP THE FOLLOWING PAGES FOR REFERENCE**

### **DRUG AND ALCOHOL TESTING**

Southern West Virginia Community and Technical College's Healthcare and Business Programs have adopted and enforces a Drug and Alcohol policy for all participants in its clinical programs. The Departments of Healthcare and Business require students to submit to a drug test upon acceptance to the program may require random testing if a reasonable suspicion or cause occurs. In addition, the Departments of Healthcare and Business may impose random drug testing for students undergoing treatment and/or rehabilitation for substance abuse.

This policy also prohibits the use, possession, transportation, sale or distribution of alcohol or other non-medically prescribed controlled substances in the College or during college sponsored functions or activities. It further prohibits students from attending class or other college sponsored functions or activities while under the influence of alcohol or other non-medically prescribed controlled substances. The terms "College" and "college sponsored functions" broadly include the College premises, classes, parking lots, field trips, clinical rotations and facilities and all situations where a student is representing the College in their capacity as a student.

The College expects excellence in the performance of all its students. All prescriptive drugs must be disclosed to the program coordinator upon admission to the program and throughout the duration of enrollment. The College reserves the right to review a student's drug or controlled substance use occurring outside the College or College sponsored functions to the extent that such use affects the student's class or clinical performance or adversely impacts the College in any way. If the College initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the Division Head of Healthcare and Business Programs if you have any questions concerning this policy

### **IMPORTANT NOTICE**

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**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE  
ASSOCIATE DEGREE - HEALTHCARE PROGRAMS  
STATEMENT OF UNDERSTANDING**

1. I understand that if I have never had classes at Southern before, I must submit an application to the college for admission by July 31, 2016. The college application may be completed and submitted online at [www.southern.wvnet.edu](http://www.southern.wvnet.edu)
2. I understand I must meet the admission requirements listed in the current college catalog to be admitted to **ANY** Healthcare Program. However, meeting requirements **DOES NOT** guarantee admission.
3. I understand I must be a U. S. Citizen as under new Immigration and Naturalization Service's rules Southern is not an institution certified to receive international students.
4. I understand that if I have had classes at colleges or universities, other than Southern, I must call and have an **official** transcript forwarded to Southern. ACT scores, if applicable, **MUST** also be attached to this application. I also understand that it is my responsibility to see my advisor to ensure that records are accurate and available.
5. I understand that TRAVEL IS REQUIRED throughout all Healthcare programs and all arrangements and expenses are my responsibility. Travel may include parts of West Virginia and/or neighboring states.
6. Core Performance Standards will be used to assist each student in determining whether accommodations or modifications are necessary. The standards provide an objective measure upon which a student and the advisor base informed decisions regarding whether the student is qualified to meet requirements. Admission to a Healthcare program is not based on these standards.

If an applicant believes that he or she cannot meet one or more of the standards without accommodations or modifications, the institution will determine whether or not the necessary accommodations or modifications can be made reasonable, on an individual basis. PLEASE NOTE DUE TO THE NATURE OF EMS, SOME ACCOMMODATIONS CANNOT BE MADE.

Reasonable accommodation is defined by the ADA Act to include the following:

- a. making existing facilities...readily accessible to and usable by individuals with disabilities; and
- b. job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities

Issue	Standard	Some Examples of Necessary Activities (not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationships in clinical situations
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues
Communication	Communication abilities sufficient for interaction with others in verbal and written form	Explain treatment procedures, initiate health teaching, document and interpret actions and patient/client responses

Mobility	Physical abilities sufficient to climb, crawl, lift and any activity that is necessary for patient moving, treatment, and transport.	Move around scenes in which patient treatment is ongoing, field, hospital, and perform quickly and professionally.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care	Lifting and Moving patients and equipment.
Hearing	Auditory ability sufficient to monitor and assess health needs	Observe patient/client responses
Visual	Visual ability sufficient for observation and assessment.	Observe patient/client responses
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a IV catheter

7. I understand it is my responsibility once I am admitted to a Healthcare program to see that a completed, accurate physical exam form, (to be supplied by the Division of Healthcare and Business Programs), appropriate laboratory studies and a copy of a current American Heart Association Healthcare Provider CPR card are provided .
8. I understand once I am admitted to a Healthcare program I must sign an Authorization to Release Information Statement to the Division of Healthcare and Business Programs. This authorization includes, but is not limited to, release of any medical records or records relating to my physical, mental or emotional condition and any treatment rendered to me; any medical or hospital bills relating to my treatment; school transcripts or other records relating to my attendance at any school; employment information, including personnel and wage information; military or government service records; and any records of the West Virginia Workers Compensation Fund, Social Security Administration, Veterans Administration, West Virginia Department of Human Services, Department of Labor, and/or any felony or misdemeanor charges against me.
9. I understand criminal background checks, drug screening or other investigative activities are required. All cost of such background checks, drug screens and investigative activities shall be my responsibility. I further understand that clinical agencies may request the results of such background checks, drug screening or other pre-assignment investigative activities and may deny me access to their facilities.
10. I understand upon review of my application I may be denied admission to a Healthcare Associate Degree Program if I have been convicted of a felony or misdemeanor (other than a parking ticket). I also understand a criminal background check will be required at my expense. I am aware that if I fail to disclose any felony, misdemeanor, or plea of nolo contendere, any criminal record, or any pending court case, it will result in my immediate disqualification from the application process, and, if admitted, immediate dismissal from the Healthcare program for which I was accepted and I understand any future application to any Healthcare program at Southern will not be accepted. I further understand I must submit any information regarding any criminal record I may have to the Division Head Healthcare and Business Programs upon application to a Healthcare program and that this information will be evaluated to determine admission to a Healthcare program
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