

Kapi'olani Community College
EMERGENCY MEDICALTECHNICIAN PROGRAM APPLICATION

APPLICATION SUBMISSION PROCEDURES

Directions: Submit this program application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. *We will not be accepting in-person applications.*

To use UH File Drop follow the directions below:

1. Scan application and all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
2. From any web browser, go to <https://www.hawaii.edu/filedrop>
3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: **hlthsci@hawaii.edu**
 - b. Click in the drop down menu in the expiration timer, change it to 14 days.
 - c. In the “Optional Message” field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you’ve completed the Recipient field, extended the expiration timer, typed in the Optional Message, click Proceed.
 - e. Click the Choose File button to browse for your application and supporting documents. If you upload your documents in different files (i.e. application, transcripts, etc.), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these application submission procedures.

Kapi'olani Community College
EMERGENCY MEDICAL TECHNICIAN PROGRAM APPLICATION

Certificate of Competence

Oahu: Fall Application Period: April 1 – June 1
Spring Application Period: August 1 – October 1

Maui: Fall Application Period: April 1 – July 8

Kauai: Fall Application Period: April 1 – July 8

Hawai'i: Application Periods: TBA, Contact Hawai'i EMS Training Center – 808-935-8002

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this application with all required documents to the Health Careers Counseling Center *via UH File Drop by the posted deadline*. If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

APPLICANT INFORMATION (clearly print or type)

Name: _____ UH Number/Username: _____
Last Name First Name M.I.

Mailing Address: _____
Street / POB City State Zip Code

Phone: _____
Cell Home Work

Preferred Email Address: _____

List other name(s) used on documents: _____
(Notify the KAPCC Kekaulike Information & Service Center regarding other names used on college documents.)

APPLICATION CHECKLIST

1. Identify the island that you are applying to: _____
2. Attend a Mandatory EMT Program Information Session within one year of the application deadline.

Date Attended: _____ / _____ / _____ (Month / Day / Year)
3. Apply and complete steps to become a KapCC student if currently not a student of the University of Hawai'i (UH) system.
(<http://apply.hawaii.edu>)
4. Prerequisite courses (ENG 100/HLTH 125) must be completed with a "C" grade or higher by the application deadline. Coursework grades recorded as "credit" or "pass" will be awarded a "C" grade when scoring the application.

5. **Math qualification** must have been completed (course or qualifying exam) within the last two years. No exceptions.
6. **Attach copy of Accuplacer placement report** *if using placement for math qualification*. Accuplacer placement report may be obtained free from the Testing Center where you took the Accuplacer exam. If you are using completion of a math course to meet math qualification criteria, Accuplacer placement report is not required as course should be reflected on your transcript.
7. **Attach college transcripts for qualification courses completed within the UH System if applicable.** Attach unofficial transcripts and highlight all qualification courses. Transcripts are downloadable from STAR (star.hawaii.edu).
8. **Attach college transcripts for courses completed outside of the University of Hawai'i System if applicable.** Highlight all prerequisite/qualification courses.

My external transcripts have been evaluated by KapCC. *Attach your Transfer Course Report from STAR (star.hawaii.edu).*

My external transcripts have not been evaluated by KapCC. Submit unofficial copies with this application, send official copies to the Kekaulike Information & Service Center, and complete online **Request for Transcript Evaluation** at: <http://go.hawaii.edu/y6x>

- | | |
|----------------------|--------------------------------|
| • Institution: _____ | Transcript Request Date: _____ |
| • Institution: _____ | Transcript Request Date: _____ |
| • Institution: _____ | Transcript Request Date: _____ |

9. First Aid and American Heart Association (AHA) Basic Life Support (BLS) or Healthcare Provider CPR certification is required. **Verification of First Aid and AHA BLS CPR certification must be submitted with this application.**

We only accept CPR certifications provided by the AHA

Certifications cannot expire prior to the end of the program you are applying to. Certification Cards cannot be handwritten.

First Aid and CPR certification may be obtained from:

- American Medical Response (AMR): 487-4900

My CPR (AHA BLS or AHA Healthcare Provider) card is attached:

AHA Training Center Name

Exp. Date

My **First Aid (First Aid or Heartsaver First Aid)** card is attached:

Training Center Name

Exp. Date

10. Submit "**Volunteer Work Experience in the Health Field**" form (see attached)
11. Submit "**Verification of Work or Volunteer Experience in the Health Field**" forms (see attached)
12. "**My Plan Initiative**" – Complete self-assessments.

APPLICANT CERTIFICATIONS:

I certify that the answers and responses provided for all of the items on this Admissions Application/Checklist are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University's Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am accepted into the EMT program. I understand that if I am not accepted into the EMT program, my home institution and major will not change.

"Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility."

I have read and understand the notification that a background check and drug test may be required for entry into clinical practice. I also understand that clinical practice is required for completion of this program. (please initial)

I certify that the answers and responses provided for all items in this supplemental application form are true to the best of my knowledge and subject me to the requirements and/ or disciplinary measures as provided under the University's student conduct code. (please initial)

I understand that priority selection is given to [Hawai'i State residents for tuition purposes](#) and that non-residents will be considered after all qualified residents have been accommodated per Board of Regents Policy. (please initial)

Print Name _____ Signature _____ Date _____

EXAMPLE of how to complete the application:

↓ These are the requirements ↓	↓ Tell us what class you took to meet each requirement ↓					
	Course Alpha	Credits	Term of Completion	Where Completed (i.e., Institution Name)	Grade	
EMT PREREQUISITES						
ENG 100 Composition I (3)	WRI 1200	3.0	Fall 2007	HPU	B	
HLTH 125 Survey of Medical Terminology (1)	HLTH 125	3.0	SP 2008	KCC	A	

Criterion for Acceptance: Qualification is based on a rating system, grades for completed prerequisites, support courses, supplemental documents, and interview. Selection is based on total qualifying scores in rank order from the highest score until admission quota is met for the EMT program.

EMT PREREQUISITES	Course Alpha/Test Score	Credits	Term of Completion	Where Completed (i.e., Institution Name)	Grade
ENG 100 Composition I (3)					
HLTH 125 Survey of Medical Terminology (1)					
<p>Accuplacer score of 250+ in the Arithmetic or higher domain or completion of MATH 75X or higher within the last two years (placement into MATH 75x does not meet qualification criteria)</p>					
	Test Date / Term of Completion		Domain Level (ie. Arithmetic)/ Course Alpha	Test Score/ Grade	
MICT SUPPORT COURSES (not required to apply for EMT program)	Course Alpha	Credits	Term of Completion	Institution Name	Grade
MATH 103 College Algebra (3) or higher					<div>Yes</div> <div>No</div> <div>50</div>
BIOL 130 & BIOL 130 L Anatomy & Physiology & Lab (4+1) OR (WITHIN 5 YEARS) PHYL 141 & PHYL 141L Human Anatomy & Physiology I & Lab (3+1) AND PHYL 142 & PHYL 142L Human Anatomy & Physiology II & Lab (3+1) (WITHIN 5 YEARS)					<div>Yes</div> <div>No</div> <div>50</div>
HDFS 230 Human Development					<div>Yes</div> <div>No</div> <div>50</div>
				Total points (GPA points + Support Course Points) -For office use only-	
				<div>/40</div>	

Total Coursework Score: _____

Supplemental Documents Score: _____

Total Interview Score: _____

Total Score: _____

Application Summary: For office use only


Date Received: _____ Ethnic Code: _____

Counselor's Initials: _____ Application Complete: Y N


HI Resident: Y N

KCC GPA Verified: _____

Affix copy of current American Heart Association CPR (Healthcare Provider or BLS) front and back here:
Card must be typewritten – no hand written cards will be accepted. Card cannot expire prior to December for Fall admits, May for Spring admits, and August for Summer admits.

HEALTHCARE PROVIDER		HEALTHCARE PROVIDER	
 <p>Healthcare Provider</p>	Training Center Name	TC ID #	
	TC Info	City, State	ZIP
<p>BASIC LIFE SUPPORT</p> <p>BLS Provider</p> <p>The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.</p>			
Issue Date	Recommended Renewal Date		
<p>Instructor Name</p> <p>Holder's Signature</p>		<p>Inst. ID #</p>	
<p>© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805</p>			
<p>This card contains unique security features to protect against forgery.</p>			
<p>15-1805 11/15</p>			

Affix copy of current first-aid card here:
Card must be typewritten – no hand written cards will be accepted. Card cannot expire prior to December for Fall admits, May for Spring admits, and August for Summer admits.

HEARTSAVER FIRST AID		HEARTSAVER FIRST AID	
 <p>Heartsaver First Aid</p>	Training Center Name	TC ID #	
	TC Info	City, State	ZIP
<p>HEARTSAVER FIRST AID CPR AED</p> <p>Heartsaver First Aid CPR AED</p> <p>The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:</p>			
Issue Date	Recommended Renewal Date		
<p>Child CPR AED</p> <p>Infant CPR</p> <p>Exam</p>	<p>Instructor Name</p> <p>Holder's Signature</p>		
<p>Inst. ID #</p>		<p>© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1812</p>	
<p>Strike through the modules NOT completed.</p>			
<p>This card contains unique security features to protect against forgery.</p>			
<p>15-1812 2/16</p>			

WORK/VOLUNTEER EXPERIENCE IN THE HEALTH FIELD

To be completed and submitted by the applicant.

If experience involves direct patient contact, please fill out this form. You may make duplicate forms if needed.

Agency: _____ Date: from _____ to _____
(month/day/year) (month/day/year)

Contact Person: _____ Title: _____

Telephone # _____

Duties: _____

Agency: _____ Date: from _____ to _____
(month/day/year) (month/day/year)

Contact Person: _____ Title: _____

Telephone # _____

Duties: _____

Agency: _____ Date: from _____ to _____
(month/day/year) (month/day/year)

Contact Person: _____ Title: _____

Telephone # _____

Duties: _____

I CERTIFY THAT THE ANSWERS AND RESPONSES PROVIDED FOR ALL ITEMS IN THIS SUPPLEMENTAL APPLICATION FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE AND SUBJECT ME TO THE REQUIREMENTS AND/OR DISCIPLINARY MEASURES AS PROVIDED UNDER THE UNIVERSITY'S STUDENT CONDUCT CODE.

SIGNATURE: _____

Date: _____

VERIFICATION OF WORK OR VOLUNTEER EXPERIENCE IN THE HEALTH FIELD FORM

If you have work or volunteer experience in the health field which you wish to have evaluated for consideration in the application process for the EMT program at Kapi'olani Community College, complete the top portion of the Work/Volunteer Verification Form and take or send it to your employer or volunteer supervisor. Have the employer or volunteer supervisor complete the bottom portion of the form and submit it directly to the Department of Emergency Medical Services at the address given below. **ALL FORMS MUST BE RECEIVED BY THE APPLICATION DEADLINE.**

Note to applicant: **Reproduce copies of this form as needed.**
Please inform recipient this verification must be recieved by the date due via email
(hthsci@hawaii.edu). The recipient may alternatively send the completed form to the
applicant for submission with completed application

FOR APPLICANT USE - PLEASE PRINT CLEARLY

NAME: _____
Last First MI

Name of agency: _____

Position with agency: _____

Dates of employment or volunteer service: From: _____ To: _____
(month/day/year) (month/day/year)

Did you work directly with patients (circle one) YES / NO

Duties (if additional space is needed – please use the back of this page)

FOR AGENCY/SUPERVISOR USE:

☐ I verify that the above information is accurate ☐ I am unable to verify the above information.

Comments: _____

(if additional space is needed – please use the back of this page)

Form completed by: _____
Print Name Signature

Position of respondent: _____ Date: _____
(month/day/year)

When this form is completed, please email to **Health Sciences Counselors** (hthsci@hawaii.edu) or return to the applicant for submission with application.

The deadline for receipt of this Work or Volunteer Verification Experience Form is:
June 1: Fall applicants / October 1: Spring applicants

Kapi'olani Community College
MY PLAN
Self – Assessment

The purpose of the My Plan Self-Assessment is a counseling tool for prospective healthcare majors to identify and better understand your career pathway including your strengths and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete areas of this self-assessment by marking the boxes. All response are voluntary. Consider discussing your self-assessment with a counselor/advisor to understanding how they support your academic and career goals.

Knowledge of the Profession	Below Expectations	Meets Expectations	Exceeds Expectations
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Identified career goals in my health pathway
 Identified career alternatives in my health pathway
 Relevant experience – by volunteer experiences
 Relevant experience – by servicing learning experiences
 Relevant public service – by paid work experiences
 Understand “professional qualities” of health pathway(s)
 Understanding of current healthcare issues
 Comfort with bodily fluids or personal patient care
 Comfort with illness
 Comfort with injury
 Comfort with death
 Comfort with physical contact with people
 Ability to multitask and adapt to change
 Ability to accept constructive feedback
 Ability to handle occupational crises, challenges or problems
 Ability to move forward to achieve the goals and outcomes
 Ability to follow safety guidelines and standards of practice

Personal Characteristics	Below Expectations	Meets Expectations	Exceeds Expectations
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Demonstrate commitment to public service
 Demonstrate empathy/altruism
 Demonstrate moral/ethical integrity
 Demonstrate emotional maturity
 Demonstrate good interpersonal relationships
 Accept responsibility
 Ability to work independently to achieve the goal/task
 Collaborate and teamwork to achieve the goal/task
 Accept and demonstrate leadership
 Be dedicated/hard-working healthcare practitioner
 Committed to life-long learning

Kapi'olani Community College
MY PLAN
Self-Assessment

Academic Strength	Below Expectations	Meets Expectations	Exceeds Expectations
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- +Completed prerequisites of health program of study
- +Completed support courses of health program of study
- Achieved minimum cumulative GPA for program entry
- Achieved prerequisite course GPA for your program entry
- Effective verbal and nonverbal communication skills
- Ability to utilize technology effectively for learning

Established Support Systems to Succeed in Health Pathway Program	Below Expectations	Meets Expectations	Exceeds Expectations
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- Established support for transportation to externships
- Established support for financial assistance prior to entry
- Established support for nonacademic responsibilities
- Established support for personal and time management skills
- Established support for continuous professional learning
- Established opportunities to balance personal, family, & school
- Established support for campus and community resources

+As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107
(808) 734-9522; deneenk@hawaii.edu

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at <http://uhcc.hawaii.edu/programs/index.php>.

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.