



Paramedic Concentration  
**DEPARTMENT OF  
EMERGENCY HEALTH SERVICES**

# APPLICATION PACKET

Class of 2026

Dear Applicant:

I appreciate your interest in the Department of Emergency Health Services (EHS) Paramedic Concentration at UMBC. The prehospital emergency care field is exciting, and we look forward to your participation in our program. Enclosed, you will find an application package to be completed and **returned by March 1st, 2024**, following the attached Submission Process Information Sheet. Applications and information received after the deadline may disqualify you for the upcoming academic year or put your application onto the alternate list.

Acceptance to UMBC by all applicants must occur before August 23rd, 2024. Acceptance into the paramedic program does not equal acceptance to UMBC. The paramedic program is competitive, and a selection committee will evaluate applications, with all eligible candidates receiving an invitation for an interview.

Interviews will occur in person on **April 6th, 2024**, from 9 am until about 4 pm. On this day, you will have a series of interviews and a written examination to test your EMT-Basic knowledge, cognition, and other affective tenets.

The final notification of class selection will occur before May 1st, 2024. Candidates not initially selected may receive an offer to fill an alternate spot when a candidate cannot accept a seat in the upcoming class. Please note that you must be able to document the completion of anatomy & physiology with a grade of C or better and 100 calls as an EMT before August 23rd, 2024. The inability to verify some level of EMS experience will likely result in your application not being considered.

You must request official transcripts from all colleges or universities you have attended, except for UMBC. Current UMBC students may provide an unofficial transcript printed from myUMBC. The attached Submission Process Information Sheet is more information on submitting these documents.

References that you provide will receive an e-mail from our program with directions on how the reference process works. Please note that we will only accept those recommendations we receive through our process and not accept letters of reference.

Clinical sites require us to provide documentation of completing a background check and drug test on each paramedic intern. You will need to go to <https://www.viewpointscreening.com/umbc> and click on Start your order. You will then select Paramedic, followed by "Background Check + Drug Test + Health Portal," which will begin the process. This service costs \$75, paid by the applicant through the website at the time of the service request. The deadline for this is **March 1st, 2024**.

Though the deadline for the application packet is March 1st, we encourage you to complete it early so we may process your application and solicit your references.

Handwritten signature of Kyle David Bates in black ink.

Kyle David Bates, MS, NRP  
Clinical Assistant Professor  
Paramedic Program Director

Handwritten signature of Gary B. Williams, Jr. in black ink.

Gary B. Williams, Jr., MS, NRP  
Senior Lecturer  
Clinical Coordinator

**DEADLINE**  
**3/01/24**



Candidates are to use this fillable PDF application and digitally submit their completed document and associated appendices through Box. Follow this link or copy and paste this address into your browser: <https://umbc.app.box.com/f/fc68e4d0fae5450090f3d0021ae673a3>. When uploading your files, please follow these directions:

1. Complete the application, which is a fillable PDF, using Adobe Acrobat.
  - a. Download it for free if you do not already have it by following this link or at <https://get.adobe.com/reader/>
  - b. Do not complete the application using a web browser, as it will not work correctly.
  - c. Do not save it as anything other than a PDF; we will not accept any other format.
  - d. Rename your application using this naming format:  
Lastname\_Firstname\_Application
2. Complete and submit any additional appendices as required.
  - a. Save these as a .doc or .docx format using this naming format:  
Lastname\_Firstname Appendix\_<<Letter>>
3. Upload additional certifications and training certificates.
  - a. Use this naming format if saving as a single file:  
Lastname\_Firstname\_Appendix\_A\_Certs
4. Upload unofficial UMBC transcripts if applicable.  
Last name\_First name\_UMBC\_Transcript
5. Contact your schools or universities to have official transcripts mailed directly to the EHS Department. You are to do this despite already sending transcripts to the university, as they are unavailable to us.
  - a. Please have them sent to:  
UMBC  
Department of Emergency Health Services  
900 Walker Avenue  
Room 112  
Catonsville, MD 21228  
Attention: Kyle Bates
6. Send an e-mail to [KyleDavidBates@UMBC.edu](mailto:KyleDavidBates@UMBC.edu) with "Application Submission" in the subject line. Be sure to include your full name in the body of the message.
  - a. You will receive a confirmation of receipt of your application.
- b. Use this naming format if submitting multiple files:  
Lastname\_Firstname\_Appendix\_A\_<<Certification Name>>

**NOTE:**

**Failure to adhere to these directions will result in a return or rejection of your application.**

**E-mailed applications WILL NOT BE ACCEPTED.**

Please refer all questions to [KyleDavidBates@UMBC.edu](mailto:KyleDavidBates@UMBC.edu)



Application

Appendix A: EMS, Fire, and Emergency Services Experience

Appendix A: EMS, Fire, and Emergency Services Certifications

(Last name\_First name\_Appendix\_A\_Certs or ...Appendix\_A\_<<Certification>>)

Appendix B: EMT Call Volume Verification

(Last name\_First name\_Appendix\_B)

Appendix C: Personal Statement

Appendix D: Supplemental Information

Appendix E: Reference List

Appendix F: Incomplete Pre-requisites

Transcripts from all non-UMBC colleges and universities, and an unofficial transcript from myUMBC for current students.

\$75 fee and application to [www.viewpointscreening.com/umbc](http://www.viewpointscreening.com/umbc) and completion of background check and drug screen. All drug screening must be completed at a Quest Diagnostics.

**NOTE:**

**Include ALL appendices in your application even if the required appendix does not apply to you. Title the page with the appendix number, and below that, write "Not Applicable."**

**DUE DATE FOR ALL MATERIALS IS MARCH 1, 2024**



900 Walker, Room 112  
Catonsville, MD 21228  
(410) 455-3223 FAX: (410) 455-3045

Date Completed by Applicant:

**SECTION A - DEMOGRAPHICS**

**COMPLETE Legal Name**

<b>.01</b>	Last	First	Middle
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Permanent Home Address**

<b>.02</b>	Street		Apartment
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Phone Numbers**

<b>.03</b>	Cell	Home	Alternate
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**UMBC E-mail**

**Non-UMBC E-mail**

**UMBC ID (if applicable)**

<b>.04</b>	<input type="text"/>	<input type="text"/>	<b>.05</b>	<input type="text"/>

**SECTION B - RESIDENCY**

**United States**

<b>.01</b>	Are you currently a citizen of the United States?	YES
		NO Country of citizenship:
		<input type="text"/>

**State of Maryland**

<b>.02</b>	Are you currently a resident of the State of Maryland?	YES Specific county or Baltimore City:
		NO State of residency:
		<input type="text"/>

**University of Maryland, Baltimore County**

<b>.03</b>	Are currently enrolled as a student at UMBC?	YES Academic status:	Good standing	Probation	Suspension
		NO	<i>All applicants not currently enrolled at UMBC must be admitted to the University prior to acceptance to the EHS Paramedic Track.</i>		

**SECTION C - HISTORY**

**Prior Application**

<b>.01</b>	Have you previously applied to the Paramedic Concentration at UMBC?	YES Year(s) of previous applications:
		NO
		<input type="text"/>

**High School Education**

**.02**

Full Name and Location	No. of Years	Dates	Graduated YES NO	Date
Full Name and Location	No. of Years	Dates	Graduated YES NO	Date

**Other Education** (secondary schools, colleges, universities, professional schools - do not omit any of which you have been a student)

**.03**

Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree
Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree
Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree
Full Name and Location	No. of Years	Dates	Graduated YES NO	Date	Degree

**Employment**

**.04**

List your dates and places of employment for the past five years. If you have not been employed during this period, please indicate such. Do not list volunteer EMS or fire department activities in this section.

	Mo. / Yr	To	Mo. / Yr	Employer	City	State	Employment Status
From							Full Part
From							Full Part
From							Full Part
From							Full Part
From							Full Part
From							Full Part

**Appendix A: EMS, Fire, and Emergency Services Experience and Certifications**

**.05**

Please complete [Appendix A – Experience](#) found in the appendices of this application. If additional spaces are required, please either copy the form electronically or submit the information as a Word document. Name this file as per #2 in the *Submission Instructions*. Additionally, upload copies of all relevant certifications [Appendix A – Certifications](#). These should include but are not limited to: State EMT certification, CPR, and NIMS training. Name additional files as per #3 in the *Submission Instructions*.

**Appendix B: EMT Call Volume Verification**

**.06**

Approximately how many EMS calls have you responded to in your prehospital career?

Of those, how many resulted in patient transports where you were involved as the **Primary** EMT?

As a **Secondary** EMT?

Please attach documentation from your agency stating the number of calls that you have been on as a BLS provider. Please note that only calls since you have been an EMT will count. Title this document **Appendix B: EMT Call Volume Verification**.

**Appendix C: Personal Statement**

**.07** Enclose a statement of not more than 500 words that supports your interest and purpose in a career as a paramedic, in the field of emergency medical services, or another medical career. Please use the [Appendix C](#) form found in the appendices of this application. We suggest writing this statement in a program such as Word® and then copying and pasting it into the form for submission.

**Conduct**

**.08** Have you ever been convicted for the violation of any law, police regulation, or ordinance?

YES	If yes, give full details on <a href="#">Appendix D: Supplemental Information</a> found in the appendices of this application.
NO	

**SECTION D - OTHER DOCUMENTATION**

**Appendix E: Reference List**

**.01** On a separate page entitled [Appendix E: Reference List](#) please provide the following information for at least **FOUR** individuals: name, phone number, e-mail address, and relationship to you. Potential references may include:

- Chief officer at your EMS or fire agency
- High school, college, or university instructor
- Physician (preferred), nurse, PA, or other EMS provider who has worked with you, and can attest to your medical ability
- Reference of your choice (cannot be a direct relative)

Recommendation forms will be e-mailed by the program. Letters of reference will *not* be accepted.

**Appendix F: Incomplete Prerequisites**

**.02**

**COURSEWORK**  
Applicants offered acceptance into the program must complete all EHS paramedic concentration lower-division requirements with a grade of “C” or higher by **August 23, 2024**, to be granted full admission into the Paramedic Program. These include:

- English Composition (equivalent to ENGL 100)
- Introduction to Psychology (equivalent to PSYC 100)
- Abnormal Psychology (equivalent to PSYC 285)
- Introduction to Statistics (equivalent to STAT 121 or STAT 350)
- Concepts of Biology (equivalent to BIOL 101 or BIOL 141)
- Anatomy & Physiology 1 with lab (equivalent to BIOL 251/251L)
- Anatomy & Physiology 2 with lab (equivalent to BIOL 252/252L)
- General Chemistry 1 (equivalent to CHEM 101 or CHEM 123)
- General Chemistry 2 with lab (equivalent to CHEM 102/102L or CHEM 124/124L)

**GENERAL**

- Valid Maryland EMT certification or valid EMT certification from another state (NREMT and provisional are not accepted)
- Documentation of 100 patient contacts as a certified EMT
- Current grade point average of 2.5

For any of the above requirements that you have not met at the time of submitting this application, please provide a detailed plan for achieving these deficiencies by the date identified above. Your plan should be specific, explicit and include when and at what institution(s) you plan on completing these requirements. Title this document [Appendix F: Incomplete Pre-Requisites](#).

**Transcripts**

**.03** Please have official copies of all non-UMBC college or university transcripts sent to the Department of Emergency Health Services and, if a UMBC student, an unofficial transcript of all UMBC course work submitted with this application.

**Drug and Background Check**

**.04** *Before March 1st, 2024*, complete the drug & background check information only and submit the \$75 fee to <https://www.viewpointscreening.com/umbc>. **Do not upload any documents at this time.**

**Certification**

**.05** I certify that the information recorded on this application is truthful and correct. Misrepresentation or omission of facts in any statement will be considered adequate grounds for denying admission or withdrawing the offer. If admitted to the program, I agree to abide by the rules, policies, and regulations of the University of Maryland, Baltimore County, and the Department of Emergency Health Services as a student. If the conditions affecting my status change, I will notify the Department of Emergency Health Services in writing within fifteen (15) days of such change.

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

\_\_\_\_\_  
Date

The University of Maryland, and all its branches and divisions, subscribes to a policy of equal educational opportunities for all people of all races, creeds, and ethnic origins. Accordingly, Federal regulatory agencies require the University to supply admissions and enrollment information by racial, ethnic, and gender categories. Provision of the data is voluntary and will not be used to determine eligibility for admission.

All application materials and supporting documents become the property of the University of Maryland Baltimore County, Department of Emergency Health Services, and will not be returned to the applicant, forwarded to another institution, or duplicated for any purpose except consideration of the applicant.

Program availability and requirements are subject to change without notice.



From	Mo. / Yr <input type="text"/>	To	Mo. / Yr <input type="text"/>	Agency or Organization <input type="text"/>	Name of Supervisor or Officer <input type="text"/>
				Street Address <input type="text"/>	Position or Rank of Above Individual <input type="text"/>
				City, State, Zip or Postal Code <input type="text"/>	E-mail of Supervisor or Officer <input type="text"/>
Description of Activities and Duties in the Organization (may include other information as needed) <input type="text"/>					

From	Mo. / Yr <input type="text"/>	To	Mo. / Yr <input type="text"/>	Agency or Organization <input type="text"/>	Name of Supervisor or Officer <input type="text"/>
				Street Address <input type="text"/>	Position or Rank of Above Individual <input type="text"/>
				City, State, Zip or Postal Code <input type="text"/>	E-mail of Supervisor or Officer <input type="text"/>
Description of Activities and Duties in the Organization (may include other information as needed) <input type="text"/>					

From	Mo. / Yr <input type="text"/>	To	Mo. / Yr <input type="text"/>	Agency or Organization <input type="text"/>	Name of Supervisor or Officer <input type="text"/>
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				City, State, Zip or Postal Code <input type="text"/>	E-mail of Supervisor or Officer <input type="text"/>
Description of Activities and Duties in the Organization (may include other information as needed) <input type="text"/>					

From	Mo. / Yr <input type="text"/>	To	Mo. / Yr <input type="text"/>	Agency or Organization <input type="text"/>	Name of Supervisor or Officer <input type="text"/>
				Street Address <input type="text"/>	Position or Rank of Above Individual <input type="text"/>
				City, State, Zip or Postal Code <input type="text"/>	E-mail of Supervisor or Officer <input type="text"/>
Description of Activities and Duties in the Organization (may include other information as needed) <input type="text"/>					



Upload a copy of your certifications below. First, photograph the certification, save it as a JPEG, and follow the prompts to upload the file. Additional certifications should be attached separately, naming the file(s) as per #3 of the Submission Instructions.

State EMT Certification (Front only)

NREMT EMT Certification (if applicable) (Front only)

CPR Certification FRONT

CPR Certification BACK

Other

Other





*Paramedic Concentration*

**DEPARTMENT OF  
EMERGENCY HEALTH SERVICES**

**Deadline March 1, 2024**

**APPENDIX C**  
C.07 – PERSONAL STATEMENT

Use this form to write a statement of not more than 500 words that supports your interest and purpose in a career as a paramedic, emergency medical services, or another medical career. We suggest writing this statement in a program such as Word® and copying and pasting it into the form for submission.



*Paramedic Concentration*  
**DEPARTMENT OF  
EMERGENCY HEALTH SERVICES**

**Deadline March 1, 2024**

# APPENDIX D

C.08 – SUPPLEMENTAL INFORMATION

Not Applicable

Use this form to provide detailed information on any conviction(s) for violating any law, police regulation, or ordinance.



**1**

Reference Name	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>

**2**

Reference Name	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>

**3**

Reference Name	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>

**4**

Reference Name	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>

----- *Must submit a minimum of four references* -----

**5**

Reference Name	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>

**6**

Reference Name	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>



Please provide a detailed plan for achieving these deficiencies by the above date. Your plan should be specific and explicit and include when and at what institution(s) you plan on completing these requirements. Title this document “Appendix F: Incomplete Pre-Requisites.”

Incomplete Prerequisite

Detailed plan for achieving this deficiency

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