



UMBC

DEPARTMENT OF EMERGENCY AND DISASTER HEALTH SYSTEMS

Paramedicine

IMPORTANT NOTICE FOR APPLICANTS

Your application will not be reviewed if it is incomplete or does not meet the requirements outlined below. To ensure a smooth process and avoid delays, please carefully review the instructions and adhere to all requirements included in this packet.

KEY REQUIREMENTS

1. Complete Application

- Submit all required sections and documents by the deadline: **March 1, 2025**.
- Only complete submissions will be reviewed.

2. Drug and Background Screenings

- These screenings must be completed and submitted by **March 1, 2025**.

3. Follow All Instructions

- Carefully follow the directions in this packet, including the proper naming and submission of your application.
- Applications that are incomplete or incorrectly submitted will not be considered.

SUBMISSION DEADLINE

- All application components must be received by **March 1, 2025**.
- Late applications will not be accepted.

Save time for everyone involved by ensuring your application meets all requirements before submission. Thank you for your attention to these guidelines.



UMBC
EMS
EDUCATION

DEADLINE
3/1/25



DEPARTMENT OF EMERGENCY
AND DISASTER HEALTH SYSTEMS

Paramedicine

APPLICATION PACKET

Class of 2027

Dear Applicant:

Thank you for your interest in the Department of Emergency and Disaster Health Systems (EDHS) Paramedic Concentration at UMBC. The field of prehospital emergency care is dynamic and rewarding, and we look forward to your involvement in our program.

Application Submission:

Enclosed is your application package, which must be completed and returned by **March 1, 2025**, as outlined in the attached Submission Process Information Sheet. Submissions received after this deadline may result in disqualification for the upcoming academic year or placement on the alternate list.

Background Check and Drug Testing:

All paramedic interns must complete a background check and drug test as required by clinical sites. To meet this requirement, go to <https://www.viewpointscreening.com/umbc>, select the "Paramedic" option, and then choose "Background Check + Drug Test + Health Portal." The \$75 fee is payable online during the ordering process. This must be completed by **March 1, 2025**. *Failure to meet this requirement by the deadline may result in your application being declined and disqualification from the interview process.*

Early Submission Encouraged:

Although the application deadline is **March 1, 2025**, we encourage early submission to facilitate timely processing.

Eligibility and Selection Process:

Admission to the Paramedic Program is competitive. A selection committee will review all complete applications, and eligible candidates will be invited for an interview. To qualify for an interview, you must hold a current state EMT certification or be enrolled in an approved EMT course.

Interview Day Details:

Interviews will be conducted in person on **April 5, 2025**, between 9:00 AM and 4:00 PM. On this day, candidates will participate in a series of interviews and complete a written examination to assess EMT knowledge, cognitive skills, and other relevant competencies.

Acceptance Notifications:

Final acceptance decisions will be communicated by **May 1, 2025**. Please note that admission to the Paramedic Program does not guarantee acceptance to UMBC, nor does acceptance to UMBC ensure admission to the Paramedic Program.

Alternate Candidates:

Applicants not initially selected may be offered a spot as alternates if seats become available.

Additional Requirements:

Candidates who receive a Conditional Acceptance must complete all prerequisites as listed in Section D.01 by **August 20, 2025**.

We look forward to receiving your application and wish you success in this process.

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

Jae Yang, MS, NRP
Visiting Lecturer
Clinical Coordinator



To successfully submit your application, follow these steps:

STEP 1: COMPLETE THE APPLICATION

1. Download the fillable PDF application.
2. Open the application in Adobe Acrobat.
 - Do not use a web browser to fill out the form; it will not save properly.
 - You may download Adobe Acrobat for free at <https://get.adobe.com/reader/>.
3. Save the completed application as a PDF.
 - Other formats will not be accepted.

STEP 2: NAME YOUR FILES

When naming your files, please follow these conventions:

1. Application:
 - **<Lastname_Firstname>_2027_Application**
2. Appendices, if unable to save with application:
 - **<Lastname_First>_Appendix_<Letter>**
3. Additional certifications/training certificates:
 - For a single file:
 - » **<Lastname_First>_Appendix_A_Certs**
 - For multiple files:
 - » **<Lastname_First>_Appendix_A_<Cert Name>**
4. Unofficial Transcripts
 - » **<Lastname_First>_Transcript_<School>**

STEP 3: UPLOAD YOUR FILES

1. Upload all required files (application, appendices, certificates, and transcripts) to Box using this link:
 - <https://umbc.app.box.com/f/631c4299b69e41c98eab36c2b5c052ab>.

STEP 4: COMPLETE THE BACKGROUND CHECK AND DRUG TEST BY March 1, 2025

1. Visit <https://www.viewpointscreening.com/umbc> and click on “Start Your Order.”
 - Select the program (UMBC)
 - Select package (Paramedic)
 - Follow the prompts to provide your personal details. Ensure your e-mail address is correct for communication purposes.
 - Check your e-mail for the following:
 - » Background Check Access:
 - > Will your account login information.
 - > Use this to view your background check report.
 - » Drug Test Instructions
 - > Within 24-48 hours titled “Viewpoint Screening Drug-screen registration.”
 - > This email will include instructions on where to complete your drug test.
2. Schedule your drug test:
 - Visit Quest Diagnostics to find a location near you and schedule your appointment. Some nearby locations include:
 - » Catonsville: 2 E Rolling Crossroads, Suite 51 (4.26 miles from UMBC) – Phone: 410-744-5654
 - » Garwyn Medical: 2300 Garrison Blvd, Suite 206 (4.49 miles) – Phone: 410-233-7507
 - » Additional locations can be found on the Quest [website](#).
3. Do not upload any further documentation to the Health Portal.
 - a. If you are selected, we will provide more information during orientation.

Important:

Failure to follow these instructions will result in your application being returned or rejected.

Applications sent via e-mail will not be accepted.

Please refer all questions to KyleDavidBates@UMBC.edu



Application

Appendix A.1: EMS, Fire, and Emergency Services Experience

Appendix A.2: EMS, Fire, and Emergency Services Certifications

Appendix B: EMT Call Volume Verification

Appendix C.1: Personal Statement

Appendix C.2: Serving Community-Specific Emergency Needs

Appendix D: Supplemental Information

Appendix E: Incomplete Pre-requisites

Unofficial transcripts from all post-secondary education, including UMBC

Completion of the background check and drug screen.

DUE DATE FOR ALL MATERIALS IS MARCH 1, 2025

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."



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

Date Completed by Applicant:

SECTION A - DEMOGRAPHICS

COMPLETE Legal Name

.01 Last First Middle

Permanent Home Address

.02 Street Apartment City State Zip Code

Phone Numbers

.03 Cell Home Alternate

UMBC E-mail

Non-UMBC E-mail

UMBC ID (if applicable)

.04 .05

SECTION B - RESIDENCY

United States

.01 Are you currently a citizen of the United States? YES NO Country of citizenship:

State of Maryland

.02 Are you currently a resident of the State of Maryland? YES Specific county or Baltimore City: NO State of residency:

University of Maryland, Baltimore County

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

SECTION C - HISTORY

Prior Application

.01 Have you previously applied to the Paramedic Concentration at UMBC? YES Year(s) of previous applications: NO

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	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Part
From	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Part
From	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Part
From	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Part
From	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Part
From	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full Part

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

.05

Complete *Appendix A.1 – Experience*, included in the appendices of this application. If you need additional space, you can either duplicate the form electronically or provide the information in a separate Word document.
 Next, use *Appendix A.2 – Certifications* to upload copies of your EMT, CPR, and any other relevant certifications.
Be sure to name any additional files according to the provided 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 complete the top portion of *Appendix B: EMT Call Volume Verification* and return with your application.

Appendix C.1: Personal Statement

.07

Provide a brief statement (up to 500 words) outlining your interest and goals in pursuing a career as a paramedic, in emergency medical services, or another medical field. This is your opportunity to share your motivation and aspirations for this career path. Instructions and the form can be found in *Appendix C.1*.

Appendix C.2: Serving Community-Specific Emergency Needs

.08

Paramedics address critical healthcare and emergency needs unique to their communities. In *Appendix C.2* will ask you to describe the needs of the community you wish to serve, your qualifications to make an impact, and what inspires your commitment. Full instructions are on the form.

Appendix D: Conduct

.09

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

YES	If yes, give full details on <i>Appendix D</i> found in the appendices of this application.
NO	

SECTION D - OTHER DOCUMENTATION

Appendix E: Incomplete Prerequisites

.01

COURSEWORK

Applicants conditionally accepted into the Paramedic Program must complete all EDHS Paramedic Concentration lower-division requirements with a grade of "C" or higher by August 20, 2025 to retain their seat. These requirements 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)
- General Chemistry 1 (equivalent to CHEM 101 or CHEM 123)
- General Chemistry 2 with lab (equivalent to CHEM 102/102L or CHEM 124/124L)
- Anatomy & Physiology 1 with lab (equivalent to BIOL 251/251L)
- Anatomy & Physiology 2 with lab (equivalent to BIOL 252/252L)

GENERAL

- Valid Maryland EMT certification or valid EMT certification from another state or *currently enrolled* in a recognized EMT educational program
- Documentation of 100 patient contacts as a certified EMT
- Current grade point average of at least 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 E: Incomplete Pre-Requisites*.

Transcripts

.02

Please include unofficial transcripts of all post-secondary education with your application. This includes UMBC.

Drug and Background Check

.03

Before March 1st, 2025, complete the drug & background check information only and submit the \$75 fee to <https://www.view-pointscreening.com/umbc>. **Do not upload any documents at this time.**

Certification

.04

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 and Disaster Health Systems as a student. If the conditions affecting my status change, I will notify the Department of Emergency and Disaster Health Systems 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 and Disaster Health Systems, 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.



DEPARTMENT OF EMERGENCY AND DISASTER HEALTH SYSTEMS

Paramedicine

C.04 - EMS, FIRE, AND EMERGENCY SERVICES EXPERIENCE

Deadline March 1, 2025

APPENDIX A.1

No previous experience

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

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

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

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



DEPARTMENT OF EMERGENCY AND DISASTER HEALTH SYSTEMS

Paramedicine

Deadline March 1, 2025

APPENDIX A.1 (CONTINUED)

C.04 - EMS, FIRE, AND EMERGENCY SERVICES EXPERIENCE

Not applicable

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

From	Mo. / Yr	To	Mo. / Yr	Agency or Organization	Name of Supervisor or Officer
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Description of Activities and Duties in the Organization (may include other information as needed)					

From	Mo. / Yr	To	Mo. / Yr	Agency or Organization	Name of Supervisor or Officer
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Description of Activities and Duties in the Organization (may include other information as needed)					

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



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 the Submission Instructions.

State EMT Certification (Front only)

NREMT EMT Certification (if applicable) (Front only)

CPR Certification FRONT

CPR Certification BACK

Other

Other



UMBC PARAMEDIC PROGRAM APPLICANT PATIENT CONTACT ATTESTATION FORM

Directions for the Applicant: Applicants must complete the first two sections of Appendix B and submit it with their application. We will send the form to the listed agencies via DocuSign. Applicants should notify the designated person to expect an e-mail link to the DocuSign document for prompt completion and submission.

Applicant Information

Form with fields: Full Name of Applicant, Certification Number

Agency Information

Agency 1

Agency 2

Table with 3 columns (Agency, Agency 1, Agency 2) and 5 rows (Agency, Supervisor or Line Officer, Title/Position, Contact E-mail, Contact Phone Number)

I authorize the agency or agencies listed above to release information solely regarding the number of calls I have responded to as a primary provider. This information will be provided to the UMBC Paramedic Program as part of their program application requirements.

Signature

Date

APPLICANT STOP

Patient Contact Attestation

Directions for the Agency Representative: The applicant's supervisor or line officer must complete and submit this form via DocuSign. This form is essential for evaluating and ranking applicants based on their patient care experience. Please review the criteria carefully and confirm the applicant's experience.

1. Definition of Primary Provider

- "Primary provider" is defined as working independently as an EMT, not as a third rider or observer.
- A "Primary Provider" completes and submits the patient care report (PCR) for the encounter.

2. Scope of Attestation

- You may only attest to the patient contacts the applicant obtained while working for your agency/service.
- Do not include patient contacts from other agencies, even if the applicant provided you with documentation.

3. Significance of Accuracy

- The exact number of patient contacts is crucial for ranking applicants. Please provide a count that is as accurate as possible.

Table with 2 columns: Agency, Number of calls as a Primary Provider

Acknowledgment and Signature

By signing below, I affirm that the information provided is accurate to the best of my knowledge and that I have reviewed the above criteria. I understand that falsification of this document may impact the applicant's eligibility for the UMBC Paramedic Program.

Form with fields: Name of Supervisor, Signature, Date

This form verifies the accuracy of patient contact documentation and serves as a reliable metric for evaluating applicants. If you have any questions, concerns, or issues with submitting this form, please contact Kyle at KyleDavidBates@umbc.edu.

Thank you for your time and cooperation in supporting a fair and equitable application process.



**DEPARTMENT OF EMERGENCY
AND DISASTER HEALTH SYSTEMS**

Paramedicine

Deadline March 1, 2025

APPENDIX C.1

C.07 – PERSONAL STATEMENT

Write a statement of up to 500 words detailing your interest and goals in pursuing a career as a paramedic, in emergency medical services, or another medical field. For accuracy and easy submission, draft your statement in a program like Word® and then copy and paste it into the form.



**DEPARTMENT OF EMERGENCY
AND DISASTER HEALTH SYSTEMS**

Paramedicine

Deadline March 1, 2025

APPENDIX C.2

C.08 – SERVING COMMUNITY-SPECIFIC EMERGENCY NEEDS

Paramedics are integral to the health and safety of their communities, addressing diverse healthcare and emergency needs tailored to the unique characteristics of the populations they serve. In 500 words or fewer, please share your understanding of the healthcare and emergency response needs in the community you aspire to serve as a paramedic. Briefly discuss this community's distinctive traits, challenges, or specific requirements and highlight how your background, skills, or knowledge equips you to make a meaningful difference. Furthermore, describe what inspires your commitment to serving this community as a paramedic.



DEPARTMENT OF EMERGENCY
AND DISASTER HEALTH SYSTEMS

Paramedicine

Deadline March 1, 2025

APPENDIX D

C.09 – CONDUCT

Not Applicable

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



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 E: Incomplete Pre-Requisites."

Incomplete Prerequisite

[Empty box for Incomplete Prerequisite]

Detailed plan for achieving this deficiency

[Empty box for Detailed plan for achieving this deficiency]

Incomplete Prerequisite

[Empty box for Incomplete Prerequisite]

Detailed plan for achieving this deficiency

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