

RWJBarnabas HEALTH

Student Application RWJBH/JCMC/HCCC Pre-Hospital Medicine Paramedic Program



Submit all information and Documents to:

Henry Sisbarro, MS, RN, MICP
RWJBH Training Center Coordinator
Interim Program Director
379 Campus Dr. 3rd Floor
Somerset N.J. 08873
Henry.sisbarro@rwjbh.org
Cell – (908) 448-8698

INSTRUCTIONS

Thank you for your interest in the Pre-Hospital Medicine Program administered by Robert Wood Johnson Barnabas Health, Jersey City Medical Center and Hudson County Community College. The Program is committed to providing a comprehensive experience for the student by incorporating the expertise, experience, and facilities within the RWJBH system. Please take time to carefully complete the application and attach all required documents. The application can be scanned and returned via email or printed and sent by standard mail.

Remember:

- ✓ Print Clearly or Type
- ✓ Provide all information required
- ✓ Sign the application
- ✓ Attach all required documents

After the application is received and reviewed an interview will be scheduled. Within 1 week of the interview the applicant will be notified of either acceptance for the Fall 2019 cohort, conditional acceptance for a cohort in the future, or rejection from the program. Any rejection letters will be accompanied by an action plan for the applicant to follow in order to improve the deficiencies noted in order to re-apply at a later date. Subsequent requirements, such as college placement testing and application, background check, liability insurance, health screenings and immunizations will be addressed after acceptance to the program.

Thank you for your interest in the RWJBH/JCMC/HCCC Pre-Hospital Medicine Program. If you have any questions do not hesitate to contact me.

Henry Sisbarro

**Student Application
RWJBH/JCMC/HCCC
Pre-Hospital Medicine Paramedic Program**

PERSONAL INFORMATION – PLEASE PRINT or TYPE ALL INFORMATION

Today's Date _____

Name
Last First Middle Initial Social Security Number

Present Address
Street City State Zip

Phone Numbers Cell () Home ()

Email Address: _____

Are you at least 18 years of age? YES NO

Are you a NJ EMT? YES NO

When did you attend EMT school? _____

Where did you attend EMT school? _____

What is your NJ EMT ID Number? _____

What is your EMT expiration date? _____

What is your CPR expiration date? _____

Are you enrolled at Hudson County Community College? YES NO

If YES, what is your Student ID#? _____

Do you meet the Program Prerequisites? YES NO
(Anatomy & Physiology I & II, English 101, Math 102, Psychology 101)

Are you an Employee of RWJBH? YES NO

Submit a clear copy of the following with your application: EMT Card, CPR Card, Driver's License or Government ID, Proof of personal Health Insurance, High School Diploma or GED, and any College Transcripts.

EDUCATION

Name and Location of School	No. of Years Attended	Did You Graduate?	Grade Point Average
High School/GED _____			
College _____			

QUESTION 1 – Why do you want to become a Paramedic?

REFERENCES: Give below the names of two persons **not related to you**, whom you have known at least one year. One **MUST** be a personal reference and ONE must be an individual who can attest to your abilities as an EMT, with telephone numbers for both.

Name	Telephone Numbers	Occupation	Years Acquainted with You
1	Cell Work		
2	Cell Work		

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for? Must be able to meet the job requirements of a paramedic as defined by RWJBH. Accommodations can be made for individuals with disabilities. YES* NO

*Explain:

In Case of Emergency Notify

Relationship to you Phone Numbers: Cell Home/Work

I authorize the investigation of all statements contained in this application. I authorize the RWBH/JCMC/HCCC Program for Pre-Hospital Medicine and its agents to obtain information relating to the facts provided in this application from schools, employers, criminal justice agencies, or other individuals. This information may include but is not necessarily limited to, academic performance, attendance, achievement, personal medical/drug use history, disciplinary actions, arrest and conviction records.

I release any employer, including individuals such as record custodians, from any and all liabilities that may result from the release of information to the RWJBH/JCMC/HCCC Program for Pre-Hospital Medicine.

I certify that the statements provided herein are true to the best of my knowledge. I understand that any incomplete, inaccurate, misleading false or incorrect information given in this application may result in the rejection of my application. Such information may also render an acceptance void and/or can be cause for dismissal upon discovery. I agree to submit to all pre-admission testing as required by the RWJBH/JCMC/HCCC Program for Pre-Hospital Medicine.

Date

Signature

APPLICANT - DO NOT WRITE BELOW THIS LINE

Interviewed By

Date:

REMARKS:

Approve

Deny

Conditional: 1.

2.

Program Director

Medical Director/Clinical Coordinator